
2. The Corona Scandal - The case against the promoters of the corona panic

Documentation & References

A few people with little credentials are speaking for the whole scientific community and they are not following correct scientific procedures

The Corona Scandal - Many doctors and experts disagree with WHO from the beginning of this crisis, but are being ignored, censured, and bullied. The only way for them to be heard is to go to court, lawyer Fuellmich is suing the promoters of the "corona panic" for "Crimes Against Humanity" - according to the experts from the Corona Investigation Committee: the danger and spread of the corona virus are greatly exaggerated, and the restriction measures extremely disproportionate. Follow the Investigation sessions of the Corona Investigative Committee online

Many doctors and experts disagree with WHO from the beginning of this crisis, but are being ignored, censured, and bullied. The 3rd of October 2020, the renowned lawyer Reiner Fuellmich takes the case, in his Youtube channel, Mr. Fuellmich states suing the promoters of the "corona panic" for "Crimes Against Humanity" - according to the Corona Investigation Committee: the danger and spread of the corona virus are greatly exaggerated, and the restriction measures extremely disproportionate

- The video of Reiner Fuellmich can be found here: <https://www.youtube.com/watch?v=B2juC1LB-OE>
- Transcript can be found here: <https://www.ageofautism.com/2020/10/reiner-fuellmich-crimes-against-humanitytranscript.html>
- Resume and overview can be found here: The case against the promoters of the corona panic - <https://docdro.id/KO3Uu2R>

Follow the Investigation sessions of the Corona Investigative Committee & Lawyer Reiner Fuellmich -- A number of highly respected scientists worldwide assume that there has never been a corona pandemic but only a PCR test pandemic - "We're basing our government policy, our economic policy and the policy of restricting fundamental rights presumably on completely wrong data and assumptions about the coronavirus. If it weren't for the test results that are constantly reported in the media, the pandemic would be over, because nothing really happened."

Oval Media - Follows lawyer Fuellmich's corona investigation and records every session -- This message was on their website. Dear Community, we were blocked again on YouTube. The reason is: "No content is allowed on YouTube that expressly questions the benefits of social distancing or self-isolation recommended by the World Health Organization (WHO) or local health authorities". For us, that means that we are not allowed to use the "OVAL.media" channel on YouTube for 2 weeks, as we are now blocked. We are currently working on a solution to send you our material in an alternative way.

You can also find us on the following platforms:

<https://oval.media> and <https://live.oval.media>
<https://www.youtube.com/OVALmediaDeutschland>
<https://www.youtube.com/StiftungCoronaAusschuss>

ALTERNATIVE PLATFORMS:

<https://bitchute.com/ovalmedia/>
<https://vimeo.com/ovalmedia>
<https://t.me/ovalMedia> (Telegram)
shorturl.at/fmKMY (DailyMotion)

You are also welcome to support us with donations in our work to stream scientific debates with your contribution. Check the details to help here! -> <https://live.oval.media/> THANK YOU SO MUCH!

Information from the German Corona Investigative Committee & lawyer Reiner Fuellmich

- Lawyer Reiner Fuellmich's website -- www.fuellmich.com (in German)
- Corona Investigative Committee - www.corona-ausschuss.de
- Class Action - "The Corona Claim for Damages page" - www.corona-schadensersatzklage.de (in German) - Through an international lawyers' network, which is growing larger by the day, the German group of attorneys provides to all of their colleagues, in all other countries, free of charge, all relevant information, including expert opinions and testimonies of experts. These scandalous corona facts gathered mostly by the corona committee and summarized above are the very same facts that will soon be proven to be true, either in one court of law or in many courts of law, all over the world. These are the facts that will pull the masks off the faces of all those responsible for these crimes.

Joshua Mitteldorf, Ph.D. "Never before 2020 have so few people with so little scientific credentials claimed to speak for the scientific community as a whole; and never has the public been asked to modify our daily lives and sacrifice our livelihoods on such a scale". Prof Michel Chossudovsky, The "Numbers Game", how statistics and "estimates" are used by politicians to justify the closure of the national economy and the derogation of fundamental civil rights.

We are in a society-wide Ponzi scheme - Eric Weinstein is an American managing director of Thiel Capital investment firm. He also has a Ph.D. in mathematical physics, and proposed a unified theory of physics in 2013. Weinstein coined the term "Intellectual Dark Web", an informal group of commentators who oppose what they believe to be the dominance of identity politics, political correctness, partisan politics, and cancel culture in higher education and the news media. In 2019 Weinstein launched a podcast called The Portal. -- He says: As I came to understand that we were in some sort of society-wide Ponzi scheme, since the late 60s early 70s, and that there was no way to continue to grow our way out using the previous tools. I started to understand that society was going to be lying about almost everything, at almost all times. And that's a very terrifying thought to have. We have effectively entered a period in which we cannot trust our experts, and I think that what began as a desire to contribute, to do real work, ended with an understanding that we've got two generations of institutional experts that are corrupted and that we cannot wake up from this crazy fever dream that we're all in. Because we can't figure out who we can still trust. The doctors are compromised, the professors are compromised, the journalists are compromised. The politicians are compromised. About the only thing that isn't badly compromised are people, with an independent source of sustenance, individuals and very small groups are about the only thing that is free of this disease of the embedded growth obligation. - <https://www.youtube.com/watch?v=BS5RYyTdZp0> - <https://ericweinstein.org/>

500 German doctors & scientists: "We Have A Lot of Evidence That It's A Fake Story All Over The World" -- More than 500 German doctors & scientists have signed on as representatives of an organization called the "Corona Extra-Parliamentary Inquiry Committee" to investigate what's happening on our planet with regards to COVID-19 - German Doctors on COVID-19 - <https://www.collective-evolution.com/2020/08/17/we-have-a-lot-of-evidence-that-its-a-fake-story-all-over-the-world-german-doctors-on-covid-19/>

Covid-19 and the end of clinical medicine as we know it - Governments are producing a series of contradictory and confusing policies which have a brief shelf life as the next crisis emerges. It is increasingly clear the evidence is often ignored. Keeping up to date is a full time occupation, and the advances of the last 30 years have at best been put on hold. Carl Heneghan is professor of evidence-based medicine at the University of Oxford and director of the Centre for Evidence-Based Medicine Tom Jefferson is a senior associate tutor and honorary research fellow at the Centre for Evidence-Based Medicine, University of Oxford - <https://www.spectator.co.uk/article/covid-19-and-the-end-of-clinical-medicine-as-we-know-it>

The Men who Speak for Science - "Never before 2020 have so few people with so little scientific credentials claimed to speak for the scientific community as a whole; and never has the public been asked to modify our daily lives and sacrifice our livelihoods on such a scale", Josh Mitteldorf, Ph.D. The inducement of fear and panic is the primary strategy for getting people to go along with the imposition of such monumental changes in our lives. The task of arousing fear is performed by a compliant media that 24/7 exaggerates the severity of COVID-19 while predicting more terrible calamities to come - <https://joshmitteldorf.scienceblog.com/2020/10/01/the-men-who-speak-for-science/>

The covid-19 RT-PCR Test: How to Mislead All Humanity - All current propaganda on the covid-19 pandemic is based on an assumption that is considered obvious, true and no longer questioned: Positive RT-PCR test means being sick with covid. This assumption is misleading. Very few people, including doctors, understand how a PCR test works. It is a laboratory, molecular biology technique of gene amplification because it looks for gene traces (DNA or RNA) by amplifying them. The technique is carried out in a specialized laboratory, it cannot be done in any laboratory, even a hospital. The main limitation (weakness) of the RT-PCR test, in the current pandemic situation, is its extreme sensitivity (false positive) if a suitable threshold of positivity (Ct) is not chosen. Is the obstinacy of governments to use the current disastrous strategy, systematic screening by RT-PCR, due to ignorance? Is it due to stupidity? To a kind of cognitive trap trapping their ego? In any case, we should be able to question them, and if among the readers of this article there are still honest journalists, or naive politicians, or people who have the possibility to question our rulers, then do so, using these clear and scientific arguments. It is time for everyone to come out of this negative trance, this collective hysteria, because famine, poverty, massive unemployment will kill, mow down many more people than SARS-CoV-2! - Dr Pascal Sacré is a physician specialized in critical care, author and renowned public health analyst, Charleroi, Belgium. He is a Research Associate of the Centre for Research on Globalization (CRG). - <https://www.globalresearch.ca/covid-19-rt-pcr-how-to-mislead-all-humanity-using-a-test-to-lock-down-society/5728483>

The scale of misperception of risk around COVID is off the charts, fomenting unnecessary fear and prolonging engagement in "health theater" - Survey by Franklin Templeton made all too clear: The discrepancy with the actual mortality data is staggering: for people aged 18-24, the share of those worried about serious health consequences is 400 times higher than the share of total COVID deaths; for those age 25-34 it is 90 times higher. The "health theater" we are all participating in can only happen if Americans let it happen. The inability to frame risk in the proper perspective is the primary reason so much seemingly irrational behavior continues: people think their risk of dying from COVID is dramatically higher than reality. (And the media does nothing to help people better understand their risk.) - <https://www.franklintempleton.com/investor/article?contentPath=html%2Fftthinks%2Ffen-us-retail%2Fcio-views%2Fon-my-mind-the-blinded-us-from-science.html>

Situational similarities to the 2009 Swine Flu Pseudopandemic

SIMILARITIES WITH THE 2009 SWINE FLU PSEUDOPANDEMIC - Exaggeration of virus danger, Quick Tests, and warp vaccines that lead to disability

Similarities to the 2009 Swine Flu Pandemic Scandal, the influence of Big Pharma - The Swine Flu was a Pseudopandemic, the CFR was only 0.02% - Faith in Quick Test Leads to Epidemic That Wasn't, sensitivity of test makes false positives likely - Fast-tracked swine flu vaccines leads to cases of brain damage, disability and death from the H1N1 vaccine were reported in various parts of the world - Parliamentary Assembly of the Council of Europe Health Committee called for an inquiry into alleged undue influence exerted by pharmaceutical companies on the World Health Organization's global H1N1 flu (swine flu) campaign, PACE calls for safeguards against 'undue influence by vested interests' -- WHOS conflicts of interest, and the activation of dormant pandemic vaccine contracts

22 January 2007 - Faith in Quick PCR Test Leads to Epidemic That Wasn't - Many of the new molecular tests are quick but technically demanding, and each laboratory may do them in its own way. These tests, called "home brews," are not commercially available, and there are no good estimates of their error rates. But their very sensitivity makes false positives likely, and when hundreds or thousands of people are tested, as occurred

at Dartmouth, false positives can make it seem like there is an epidemic. "The big message is that every lab is vulnerable to having false positives," Dr. Petti said. "No single test result is absolute and that is even more important with a test result based on P.C.R." - <https://www.nytimes.com/2007/01/22/health/22whoop.html>

July 2008 - WHO Changes Definition of Influenza Pandemic - many seasonal flu viruses could be classified as pandemic influenza - Cohen and Carter state that the WHO changed the definition of an influenza pandemic by excluding reference to the words "with enormous numbers of deaths and illness." What the article fails to state is that the WHO made two changes; the second change was to drop the requirement for a new sub-type with a simple reassortant virus meaning that many seasonal flu viruses could be classified as pandemic influenza. A search of online web archives reveals that the WHO website had the erased definition dating back to at least January 2003 through to July 2008. - <http://web.archive.org/web/20080612034723/http://www.who.int/csr/disease/influenza/pandemic/en/index.html>

29 April 2009 - WHO raises its warning to phase 5 - The WHO raises its pandemic warning to phase 4, meaning it has discovered human-to-human transmission of the virus in at least one country. April 29, 2009: The WHO raises its warning to phase 5, the last stage before a pandemic.

30 April 2009 - Drosten's race for swine flu PCR test - Christian Drosten talks to Nature about tackling the threat of a pandemic. Christian Drosten is head of the Institute of Virology at the University of Bonn Medical Centre, one of Germany's largest medical virology centres. But he is best known for winning the 2003 race to develop the first diagnostic test for the then-mysterious virus that causes Severe Acute Respiratory Syndrome (SARS). He spoke to Nature about how he has managed to develop a diagnostic test for the H1N1 swine flu even faster, thanks to his experience with SARS. - <https://www.nature.com/news/2009/090430/full/news.2009.424.html>

10 June 2009 - WHO raise its warning to phase 6, a pandemic - The WHO has received reports of 141 swine flu deaths. The majority of the victims have serious pre-existing conditions. In most cases, however, the course of the infection is mild. A recovered patient tells a German daily newspaper, the Süddeutsche Zeitung, "My main problem was finding someone to go shopping for me." 11 June 2009 WHO raise its warning to phase 6, a pandemic. It was official: An influenza pandemic had broken out for the first time in 41 years.

2 Sept 2009 - WHO change of definition of "pandemic" a second time (first one was in July 2008) -- a disease that spreads worldwide only, serious illnesses and many deaths were not required anymore to announce "pandemic" - The very definition of "pandemic" was altered 12 years ago. Originally, a pandemic was defined as a disease that spread worldwide, resulting in widespread serious illness and deaths. Twelve years ago, the definition was changed to reflect a disease that spreads worldwide only. "Many serious illnesses and many deaths were not required anymore, to announce a pandemic." This change to the definition of a pandemic is what allowed the WHO to declare the swine flu a pandemic in June 2009,16 which resulted in the sale of many millions of dollars of fast-tracked swine flu vaccines. Within months, cases of disability and death from the H1N1 vaccine were reported in various parts of the world. - <https://www.who.int/bulletin/volumes/89/7/11-088815/en/#:~:text=A%20pandemic%20is%20defined%20as,are%20not%20considered%20pandemics> - <https://articles.mercola.com/sites/articles/archive/2009/12/05/swine-flu-shot-side-effects-beginning-to-take-their-toll.aspx> -- Some have argued that WHO did not change the definition of "pandemic", it did, a Google cache provides the proof. -- This is the WHO website on 1 May 2009 (Google cache pdf). <http://whale.to/vaccine/WHO1.pdf> -- This is the WHO website on Sept 2, 2009 (Google cache pdf) <http://whale.to/vaccine/WHO2.pdf>

8 July 2009 - Journalist Files Charges against WHO and UN for Bioterrorism and Intent to Commit Mass Murder -- Austrian investigative journalist is warning the world that the greatest crime in the history of humanity is underway. Jane Burgermeister has recently filed criminal charges with the FBI against the World Health Organization (WHO), the United Nations (UN), and several of the highest ranking government and corporate officials concerning bioterrorism and attempts to commit mass murder. She has also prepared an injunction against forced vaccination which is being filed in America. These actions follow her charges filed in April against Baxter AG and Avir Green Hills Biotechnology of Austria for producing contaminated bird flu vaccine, alleging this was a deliberate act to cause and profit from a pandemic. Jane Burgermeister has written for Nature, the British Medical Journal, The Scientist, Reuters Health, and The Guardian among other publications. She was European Correspondent for the website of Renewable Energy World, a position from which she was suddenly dismissed in July 2009 after filing a series of criminal charges against Baxter, WHO and others. - Summary of claims and allegations filed with FBI in Austria on June 10, 2009 -- <https://www.globalresearch.ca/journalist-files-charges-against-who-and-un-for-bioterrorism-and-intent-to-commit-mass-murder/14276> - Unable to shut down her website, an Austrian judge tried to put her under a court guardianship on the grounds she is a "conspiracy theorist" and a danger to herself, moving swiftly after Burgermeister found evidence of massive manipulation of patient's records and court files in Hietzing hospital and Hietzing court. - For all pandemic charges check out: http://web.archive.org/web/20130329013215/http://wakeweb.net/html/jane_burgermeister.html

3 November 2009 - In 2009 Ewa Kopacz, the Polish health minister, who is also a doctor, gained some degree of international fame by requesting pharmaceutical companies to present the advantages of swine flu vaccines, and demanding they take full responsibility for the side effects. She advised the Polish government to wait until proper testing had been done on the vaccine before investing in it, citing the fact that seasonal flu exceeds the current WHO criteria for pandemic every year but there has been no declaration of a pandemic of this much more dangerous seasonal flu. When she stepped up to the podium in the Polish parliament, she said "As a doctor, my first obligation is to harm no one," she said. For this reason, she added, Poland was not going to follow in the rest of Europe's footsteps. "We will not purchase any vaccine against the swine flu," Kopacz told the Sejm. Politicians grumbled, but the health minister stood her ground. "Is it my duty to sign agreements that are in the interest of Poles, or in the interest of the pharmaceutical companies?" she asked. Today, Europe can admire her steadfastness. About 170 people died of the swine flu in Poland, a much lower number than the annual death toll attributable to the seasonal flu. - <https://vimeo.com/85678672>

5 December 2009 - Mounting Debilities and Deaths from H1N1 Vaccine - Fast-tracked swine flu vaccines leads to cases of disability and death from the H1N1 vaccine were reported in various parts of the world. - <https://articles.mercola.com/sites/articles/archive/2009/12/05/swine-flu-shot-side-effects-beginning-to-take-their-toll.aspx>

11 January 2010 - The severity of the swine flu outbreak was deliberately exaggerated by pharmaceutical companies -- Wolfgang Wodarg, a member of the German parliament, tells the European Council in Strasbourg that "millions of people worldwide were vaccinated for no good reason." According to Wodarg, the WHO's classification of the swine flu as a pandemic have earned the pharmaceutical companies \$18 billion in additional revenues. Annual sales of Tamiflu alone have jumped 435 percent, to €2.2 billion. Wolfgang Wodarg, head of health at the Council of Europe, has accused the makers of vaccines for the virus of influencing the World Health Organisation's (WHO) decision to declare a pandemic. - <https://www.youtube.com/watch?v=hoQN1to3C2U>

12 March 2010 - In 2009 Dr Wodarg called for an inquiry into alleged conflicts of interest surrounding the EU response to the Swine Flu pandemic. As chair of the Parliamentary Assembly of the Council of Europe Health Committee Wodarg co-signed a proposed resolution on 18 December 2009, which was briefly discussed in January 2010 in an emergency debate and he has called for an inquiry into alleged undue influence exerted by pharmaceutical companies on the World Health Organization's global H1N1 flu (swine flu) campaign. The resolution inquiry read: Faked Pandemics - a threat to health - Motion for a recommendation of immediate investigations -- The Parliamentary Assembly of the Council of Europe (PACE), Doc. 12110 18 December 2009 This motion has not been discussed in the Assembly and commits only the members who have signed it In order to promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments worldwide. They have made them squander tight health care resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side-effects of insufficiently tested vaccines. The "birds-flu"-campaign (2005/06) combined with the "swine-flu"-campaign seem to have caused a great deal of damage not only to some vaccinated patients and to public health budgets, but also to the credibility and accountability of important international health agencies. The definition of an alarming pandemic must not be under the influence of drug-sellers. The member states of the Council of Europe should ask for immediate investigations on the consequences national as well as European level. -- The WHO's classification of the swine flu as a pandemic have earned the pharmaceutical companies \$18 billion in additional revenues. Annual sales of Tamiflu alone jumped 435 percent, to €2.2 billion - Answer to charges from the Council of Europe on whether they had mishandled an outbreak of influenza: the WHO turned up for the first hearing and then didn't come again. "It didn't have to, it wasn't obliged to supply us with any information; and the European Vaccine Manufacturers responded: "the vaccine industry did what was asked of them by policymakers". - Certainly not. No one at the WHO, RKI (Robert Koch Institute) or PEI (Paul Ehrlich Institute) should feel proud of themselves. These organizations have gambled away precious confidence. When the next pandemic arrives, who will believe their assessments? - Reconstruction of Swine Flu Scandal of 2009 -- Article at Der Spiegel - <https://www.spiegel.de/international/world/reconstruction-of-a-mass-hysteria-the-swine-flu-panic-of-2009-a-682613.html>

4 June 2010 - Conflicts of interest and pandemic flu - WHO must act now to restore its credibility, and Europe should legislate - 4 June 2010 - Conflicts of interest and pandemic flu - WHO must act now to restore its credibility, and Europe should legislate - British Medical Journal - <https://www.bmj.com/content/340/bmj.c2947.full> - ing unused vaccine to other countries, and sitting on huge piles of unused oseltamivir. Meanwhile drug companies have banked vast profits—\$7bn (£4.8bn; €5.7bn) to \$10bn from vaccines alone according to investment bank JP Morgan.1 Given the scale of public cost and private profit, it would seem important to know that WHO's key decisions were free from commercial influence. An investigation by the BMJ and the Bureau of Investigative Journalism, published this week (doi:10.1136/bmj.c2912), finds that this was far from the case. - British Medical Journal - <https://www.bmj.com/content/340/bmj.c2947.full> -

4 June 2010 - Key scientists advising the World Health Organization on planning for an influenza pandemic had done paid work for pharmaceutical firms that stood to gain from the guidance they were preparing. These conflicts of interest have never been publicly disclosed by WHO, and WHO has dismissed inquiries into its handling of the A/H1N1 pandemic as "conspiracy theories." Deborah Cohen and Philip Carter investigate - If the WHO guidelines in effect at the time that the 2009 H1N1 influenza virus was identified in the USA in April 2009 then it would never have been declared a pandemic as it was not a new sub-type, was not causing enormous numbers of deaths and illness, and a significant number of people had already been exposed to an immunogenically similar virus. - British Medical Journal - <https://www.bmj.com/content/340/bmj.c2912.full>

24 June 2010 - PACE - Handling of the H1N1 pandemic: PACE calls for safeguards against 'undue influence by vested interests' - The parliamentarians identified, as did the rapporteur Paul Flynn (United Kingdom, SOC), "grave shortcomings" in the transparency of decision-making about the outbreak, generating concerns about the influence of the pharmaceutical industry on decisions taken. Plummeting confidence in such advice could prove "disastrous" in the case of a severe future pandemic, they said. - <https://pace.coe.int/en/news/2996>

In August 2010, the World Health Organization declared the swine flu pandemic officially over.

18 April 2011 - Big Pharma was allowed to get significant control of the WHO pandemic virus warning system -- In 2011, the danger of a new pandemic emergency declaration was increased when Big Pharma was allowed to get significant control of the WHO pandemic virus warning system. - Outcome of the Open Ended Working Group (OEWG) of Member States on Pandemic Influenza Preparedness, Geneva, April 11-15th 2011. The agreement will mean that companies supplying vaccines, antivirals and diagnostics for influenza will become key stakeholders in the WHO GISP, which tracks the development and movement of influenza viruses globally. Industry will increase its financial contribution to the GISP to enable the network's geographical expansion and support technical improvements that will accelerate the start of vaccine production, enabling industry to deliver seasonal and pandemic influenza vaccines more quickly. - <http://web.archive.org/web/20120719064150/http://www.gsk.com/media/pressreleases/2011/2011-pressrelease-404323.htm>

10 July 2012 - Swine flu vaccine associated with neurological disorders - According to the American Medical Association, the swine flu (H1N1) vaccine was associated with Guillian-Barre syndrome, a neurological disorder wherein a body's immune system attack the nerves often resulting in paralysis. - <https://www.livescience.com/21504-swine-flu-vaccine-nerve-disorder-gbs.html>

25 January 2013 - Swine Flu A Pseudopandemic CFR only 0.02% - At least one in five people worldwide were infected with swine flu during the first year of the 2009-2010 H1N1 pandemic, an international research group said on Friday, but the death rate was just 0.02 percent. Reuters - <https://www.reuters.com/article/us-flu-h1n1-pandemic-idUSBRE9000T720130125>

10 February 2014 - WHOS conflicts of interest, and the activation of dormant pandemic vaccine contracts - "WHO and the pandemic flu "conspiracies" - The BMJ and the Bureau of Investigative Journalism report that was covered up" - A joint investigation by the BMJ and the Bureau of Investigative Journalism has uncovered evidence that raises troubling questions about how WHO managed conflicts of interest among the scientists who advised its pandemic planning. - The secrecy of the committee is also fuelling conspiracy theories, particularly around the activation of dormant pandemic vaccine contracts. A key question will be whether the pharmaceutical companies, which had invested around \$4bn (£2.8bn, 3.3bn) in developing the swine flu vaccine, had supporters inside the emergency committee. - <https://engineeringevils.com/2014/02/10/who-and-the-pandemic-flu-conspiracies-the-bmj-and-the-bureau-of-investigative-journalism-report-that-was-covered-up/>

2 March 2014 - Swine flu vaccine associated with brain damage - Some suffer forms of brain damage such as narcolepsy and cataplexy, <https://www.ibtimes.co.uk/brain-damaged-uk-victims-swine-flu-vaccine-get-60-million-compensation-1438572>

4 March 2014 - The swine flu vaccine can cause narcolepsy and cataplexy, and some 800 children across Europe are so far known to have gotten ill from the vaccine. The government used taxpayers money to pay the compensations - The British Government will shell out big money to patients who suffered brain damage as a result of taking the swine flu vaccine. The government is expected to pay about \$100 million dollars to 60 victims with each of them receiving about \$1.7 million each. The settlement is over the swine flu vaccine, Pandemrix, manufactured by GlaxoSmithKline. Nearly 60 million people received the vaccine following the 2009 swine flu outbreak, most of them children. It was later discovered that the vaccine can cause narcolepsy and cataplexy, and some 800 children across Europe are so far known to have gotten ill from the vaccine. - <https://www.mclaw.com/vaccine-injury/uk-government-to-compensate-brain-damaged-victims-of-swine-flu-vaccine/>

A similar story: The swine flu scandal of 1976 - Every American, Ford said, would be vaccinated. There was no pandemic only panic, but people were vaccinated anyway. The vaccines had bad side effects, some died, others were brain damaged, others suffered from paralysis.

President Gerald Ford was racing to come up with a vaccine for a new strain of swine flu. "No one knows exactly how serious this threat could be," Ford said, with Salk and Sabin by his side, a shocking sight given the two scientists had become enemies over who should get credit for the polio vaccine. "Nevertheless we cannot afford to take a chance with the health of our nation." Every American, Ford said, would be vaccinated.

Insurers were concerned about liability and balked at covering the costs. Manufacturers the government wanted to partner with had similar concerns, prompting Congress to pass a law waiving liability. One manufacturer produced 2 million doses with the wrong strain.

As tests progressed, more scientific problems emerged — even as there were few, if any, signs that a pandemic was materializing. By mid-October, vaccinations were underway.

And then more problems emerged. There were reports of sporadic deaths possibly connected to the vaccine. Cases of Guillain-Barre syndrome also emerged, and are still cited today by the anti-vaccine movement. Panic emerged, with dozens of states pausing vaccinations. By December, following 94 reports of paralysis, the entire program was shut down. - The last time the government sought a 'warp speed' vaccine, it was a fiasco.

- Read the whole story - <https://www.washingtonpost.com/history/2020/05/01/vaccine-swine-flu-coronavirus/>
- 60 Minutes Mike Wallace Exposes the 1976 Swine Flu Pandemic Vaccine Injuries - <https://www.youtube.com/watch?v=wIFnmuiW718>

OVERVIEW OF THIS PDF - Expansion of documentation and references to the video of lawyer Fuellmich suing the promoters of the "corona panic" for "Crimes Against Humanity"

The 3rd of October 2020, the renown lawyer Reiner Fuellmich presents his case in his Youtube channel, mr. Fuellmich is suing the promoters of the "corona panic" for "Crimes Against Humanity" - according to the experts from the Corona Investigation Committee: the danger and spread of the corona virus are greatly exaggerated, and the restriction measures extremely disproportionate

This is an overview of documentation and references to the video presentation of lawyer Fuellmichs suing the promoters of the corona panic for Crimes Against Humanity. I made this to help my skeptical friends understand the situation, I hope they read it and understand the implications. Its important being well informed, share it with your skeptical friends and help spread the word.

1. How dangerous is covid-19 really? Exaggeration of infection fatality rates
2. How are covid-19 deaths counted? Inflation of COVID-19 deaths
3. How are corona positives measured? Inflation of COVID-19 infected
4. What models are the danger predictions based on? Imperial Model proved false, modeler resigns
5. The Corona Scandal - Covid-19 statistics are unreliable, evidence of pandemic fraud, Global "Coup d'Etat"

NOTE - The narrative we are being presented about the corona situation looks more like a poker game, than a well reasoned research, lots of money and power are invested here, and we are not getting the real numbers. As you will be able to see with your eyes, there is a lot of evidence against the promoters of the corona panic, however note not everything has been uncovered yet, the main reason being there is censorship and prevention of research in this direction - so we are waiting for an open and honest scientific debate, one that gives access to all data, and will uncover all the details. Mealy taking this to court is the only way to go in this "emergency situation". Some authorities are reluctant to open inquiry, you must ask why!

Questions

QUESTIONS TO BE ANSWERED

How dangerous is covid-19 really?

- How many people really died of covid?
- Danger of symptoms of covid 19?
- How is Covid-19 compared to normal flu?
- What proportion are asymptomatic?
- How many have achieved immunity?

Misinformation

- How are death counted?
- Hospitals full?
- What happened at the Epicenters?
- Media exaggeration?

MATHS - IFR, infection fatality rates

Inflation of covid 19 deaths

- How where they tested? a false positive?
- What is the number of other death causes, comorbidities?
- What is the number of guesses?

WHO guidelines seem to be - give me the list of all who died with covid, rather than only those that died from covid - this creates huge misproportional reports. Presented death toll, minus other causes of deaths and comorbidities, minus PCR cyclus count percent of false positives

- Presented death toll,
- Minus other causes of death and comorbidities,
- Minus PCR cyclus percentage of false positives
- Minus people who died of old age, who reached their life expectancy
- Minus guesses

Clarification of terms

CFR vs. IFR

The confusion between 'case' and 'infection' fatality rates (CFR vs. IFR)

- IFR, infection fatality rate - IFR is the total number of deaths divided by the total number of people that carry the infection, regardless of them having clinical symptoms or not. The IFR estimates the fatality rate in all those with infection: the detected disease (cases) and those with an undetected disease (asymptomatic and not tested group).
- CFR, case fatality rate - A case fatality rate (CFR) is defined as the proportion of deaths among confirmed cases of the disease. Cases refer only to those with clinical symptoms of the disease. Hence, asymptomatic (i.e., symptomless) people are not considered as a case. This is often called "human mortality ratio" or the "human fatality ratio", though incorrectly so, because CFR does not take into account the asymptomatic and mild cases. The case-fatality rate of refer to the ratio of the number of confirmed human deaths resulting from confirmed cases of transmission and infection of the virus - the number of those confirmed cases. For example, if there are 100 confirmed cases of humans infected with a virus and 10 die, then there is a 10% case fatality rate (CFR).

COVID-19 tests

COVID-19 tests fall into three main categories: PCR, antigen and antibody.

- Antigen tests - Antigen tests can turn around results in minutes—but speed comes with tradeoffs. Like PCR tests, antigen tests usually require a nose or throat swab. But unlike PCR tests, which look for genetic material from the SARS-CoV-2 virus, antigen tests look for proteins that live on the virus' surface. This process is a little less labor-intensive than PCR testing, since there isn't as much chemistry involved, but it's also less sensitive. The antigen test is quick and cheaper than the PCR test.
- PCR test - Are often called a viral test, but to be precise the PCR test checks for the genetic material of the virus detected in a person. The majority of COVID-19 testing happening in the U.S. right now uses polymerase chain reaction (PCR) technology. These tests detect disease by looking for traces of the virus' genetic material on a sample most often collected via a nose or throat swab. The U.S. Centers for Disease Control and Prevention (CDC) considers PCR tests the "gold standard" of COVID-19 testing. Studies have suggested as many as 30% of COVID-19 PCR test results are inaccurate. The standard test, i.e. throat swabs and PCR. PCR changes RNA to DNA in order to make it detectable, then DNA sequences are exponentially amplified in a series of cycles of temperature changes. Studies have suggested as many as 97% of COVID-19 PCR test results might be inaccurate. A September Study by Jaafar found that up to 97% of positive results could be false positives (link listed below).
- Antibody tests, Serological testing - Serological tests detect the antibodies produced in response to an infection. Unlike the other tests listed here, antibody tests aren't meant to pick up on current infection with SARS-CoV-2. Rather, they search the blood for antibodies, proteins the body makes in response to an infection that may provide immunity against the same disease in the future. These tests look for SARS-CoV-2-specific antibodies to see if you've previously had coronavirus. Wide-scale antibody testing is useful for researchers, since it informs estimates about how many people have actually had COVID-19 and help scientists learn more about if or how antibodies bestow immunity to coronavirus. From the research perspective, there's a lot of information we can get from antibody testing if we collect it over time.

Pseudoepidemics - Not classified as true pandemics are 3 notable Pseudoepidemics

Pseudoepidemics, a form of hysteria induced by group suggestibility and the conviction that the condition is dangerous and contagious. As a rule the symptoms are vague and minor.

- 1947 - a pseudopandemic in 1947 with low death rates,
- 1976 Swine flu - 0.000 % - The strain itself killed one person and hospitalized 13. However, side-effects from the vaccine caused five hundred cases of Guillain Barré Syndrome and 25 deaths.

- 2009 Swine flu CFR 0.02% - LONDON (Reuters) - At least one in five people worldwide were infected with swine flu during the first year of the 2009-2010 H1N1 pandemic, an international research group said on Friday, but the death rate was just 0.02 percent. - <https://www.reuters.com/article/us-flu-h1n1-pandemic-idUSBRE900T720130125>

For comparison the typical Seasonal Flu CFR is 0.1 to 0.2%

1. How dangerous is covid-19 really? Exaggeration of infection fatality rates

Covid-19 compared to normal flu - covid19 is no more dangerous than the flu

Types of corona viruses in circulation - Common types of corona viruses in circulation usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. Most people get infected with one or more of these viruses at some point in their lives. Most people with common human coronavirus illness will recover on their own -- The problem of covid-19, SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 til May 2020

COVID-19 symptoms -- COVID-19 symptoms can vary from person to person. Some of the more commonly reported symptoms include: new or worsening cough, shortness of breath or difficulty breathing, temperature equal to or over 38°C, feeling feverish, chills, fatigue or weakness, muscle or body aches, new loss of smell or taste, headache, gastrointestinal symptoms (abdominal pain, diarrhea, vomiting), feeling very unwell - Symptoms last one to two weeks in mild cases. - The symptoms are just like the flu, you can read it in your national health website, or the national medicine institute.

Common Human Coronaviruses - Common human coronaviruses, including types 229E, NL63, OC43, and HKU1, usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. Most people get infected with one or more of these viruses at some point in their lives. There is no vaccine to protect you against human coronaviruses and there are no specific treatments for illnesses caused by human coronaviruses. Most people with common human coronavirus illness will recover on their own. - <https://www.cdc.gov/coronavirus/downloads/Common-HCoV-fact-sheet-508.pdf>

April 2018 - Human coronavirus circulation in the United States 2014–2017 - During July 2014–June 2017, 854,575 human coronavirus tests were reported to NREVS. The percent of positive human coronavirus tests peaked during December–March. Different human coronavirus species predominated in different years. Human coronavirus OC43 was the most commonly detected species. - https://www.researchgate.net/publication/320201136_Human_Coronavirus_Circulation_in_the_USA_2014-2017

5 May 2020 - SARS-CoV-2: fear versus data - International Journal of Antimicrobial Agents - Comparison of incidence and mortality rates of four common coronaviruses circulating in France with those of SARS-CoV-2 in OECD countries. The problem of SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time of writing. - https://www.researchgate.net/publication/340046331_SARS-CoV-2_fear_versus_data

Up to 650 000 people die of respiratory diseases linked to seasonal flu each year. Flu can cause thrombosis and pulmonary embolism. Studies show 6% death rates from common cold in risk groups - CDC estimated that about 177,000 Americans died during the 2017-2018 flu season

Earlier studies

10 March 1999 - Substantial morbidity and mortality from acute cardiopulmonary events during influenza season -- Influenza-Associated Morbidity and Mortality in Young and Middle-Aged Women -- During the 19 years of the study, we identified 53,607 acute cardiopulmonary hospitalizations and deaths. Rates of such events were consistently higher during influenza seasons than peri-influenza seasons. Among high-risk women, the estimated annual excess was 23 hospitalizations and deaths per 10,000 women aged 15 to 44 years and 58 such events per 10,000 women aged 45 to 64 years. The estimated annual excess mortality due to influenza was 2 deaths per 10,000 high-risk women for both age groups combined. Among women with no identified high-risk conditions, estimated annual excess hospitalizations and deaths were 4 and 6 per 10,000 women aged 15 to 44 and 45 to 64 years, respectively. Conclusions Women younger than 65 years with certain chronic medical conditions experience substantial morbidity and mortality from acute cardiopulmonary events during influenza season. - K. Maletic Neuzil et al. JAMA, March 10, 1999. Vol 281,10:901-907 -- <https://jamanetwork.com/journals/jama/fullarticle/189012>

Nov 2006 - Studies show 6% death rates from common cold in risk groups - NIH. An Outbreak of Human Coronavirus OC43 Infection and Serological Cross-reactivity with SARS Coronavirus. 2006 Nov-Dec - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2095096/>

18 October 2009 - Flu can cause thrombosis and pulmonary embolism -- The claim that only (severe) Covid-19 but not influenza may cause venous thrombosis and pulmonary (lung) embolism is not true, as it has been known for 50 years that severe influenza greatly increases the risk of thrombosis and embolism, too. Has been known for 50 years <https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0028-1108874> - Severe influenza greatly increases the risk of thrombosis and embolism, just as flu does. - <https://www.sciencedaily.com/releases/2009/10/091014111549.htm>

November 2013 - We identified very substantial heterogeneity in published estimates, ranging from less than 1 to more than 10,000 deaths per 100,000 cases or infections. Our review highlights the difficulty in estimating the seriousness of infection with a novel influenza virus using the case fatality risk. In addition, substantial variability in age-specific estimates complicates the interpretation of the overall case fatality risk and comparisons among populations. A consensus is needed on how to define and measure the seriousness of infection before the next pandemic. -- Case fatality risk of influenza A (H1N1pdm09): a systematic review. Wong et al. Epidemiology. 2013 November ; 24(6) . <https://dx.doi.org/10.1097%2FEDE.0b013e3182a67448>

17 March 2014 - Three-quarters of people with flu have no symptoms - "“77% of flu infections’ have no symptoms, say experts,” 17 March 2014 - <https://www.nhs.uk/news/medical-practice/three-quarters-of-people-with-flu-have-no-symptoms/>

13 December 2017 - Up to 650 000 people die of respiratory diseases linked to seasonal flu each year - <https://www.who.int/mediacentre/news/statements/2017/flu/en/>

2020 - Covid-19 no more dangerous than flu - There has been no more deaths from Covid-19, than the influenza wave of 2017/18. Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths during the influenza wave 2017/18. -- In US severe influenza seasons can result in more than 40,000 excess deaths and more than 200,000 hospitalizations. The 2017-2018 flu season was historically severe, public health officials estimate that 900,000 Americans were hospitalized and 80,000 died from the flu and its complications. In a typical season, 30,000 Americans die.

22 Jan 2020 - Flu Mortality and Morbidity - Severe influenza seasons can result in more than 40,000 excess deaths and more than 200,000 hospitalizations -- The US census for 2000-2001 listed pneumonia/influenza as the seventh leading cause of death (down from sixth) despite a 7.2% decrease in the mortality rate for these diseases during this period. Severe influenza seasons can result in more than 40,000 excess deaths and more than 200,000 hospitalizations. Patients aged 65 years or older are at particular risk for death from viral pneumonia as well as from influenza not complicated by pneumonia. Deaths in these patients account for 89% of all pneumonia and/or influenza deaths - Mosenifar et al. Medscape2020. - <https://emedicine.medscape.com/article/300455-overview#a8>

17 March 2020 - Influenza can spread faster than covid-19 - WHO - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza>

24 March 2020 - Covid19 no more dangerous than influenza says German immunologist and toxicologist, Professor Stefan Hockertz - Das Virus macht uns nicht krank, die Angst davor schon! 24 Marz 2020 - <https://corona.rs2.de/blog/interview/das-virus-macht-uns-nicht-krank/>

31 March 2020 - Covid outbreak as akin to a bad winter influenza epidemic - Professor John Sydney Oxford, Queen Mary, University of London, leading expert on influenza. I view this Covid outbreak as akin to a bad winter influenza epidemic. In this case we have had 8000 deaths this last year in the 'at risk' groups viz over 65% people with heart disease etc. I do not feel this current Covid will exceed this number. We are suffering from a media epidemic! March 31, 2020 - <https://novuscomms.com/2020/03/31/a-view-from-the-hvivo-open-orphan-orph-laboratory-professor-john-oxford/>

17 April 2020 - The 2017-2018 flu season was historically severe. Public health officials estimate that 900,000 Americans were hospitalized and 80,000 died from the flu and its complications. For comparison, the previous worst season from the past decade, 2010-2011, saw 56,000 deaths. In a typical season, 30,000 Americans die. - <https://nationalinterest.org/blog/buzz/worse-covid-19-llu-killed-8000-americans-last-year-145592> -- https://www.nfid.org/newsroom/news-conferences/2018-nfid-influenza-pneumococcal-news-conference/press-release_nfidext_pdf/ -- <https://www.cdc.gov/flu/spotlights/press-conference-2018-19.htm>

26 may 2020 - Italy Says 96% of Virus Fatalities Suffered From Other Illnesses - The median age of the deceased in most countries (including Italy) is over 80 years (e.g. 86 years in Sweden) and only about 4% of the deceased had no serious preconditions. <https://www.bloomberg.com/news/articles/2020-05-26/italy-says-96-of-virus-fatalities-suffered-from-other-illnesses>

June 2020 - COVID-19 death rate is higher in European countries with a low flu intensity since 2018 - Correlation between mild flu seasons and Covid19 peak: <https://www.jbs.cam.ac.uk/wp-content/uploads/2020/08/wp2003.pdf>

22 September 2020 - Charts showing COVID-19 death in proportion with flu deaths - <http://inproportion2.talkigy.com/>

June 2020 - Deaths from Covid-19 compared with influenza wave 2017/18: Deadliest flu wave in 30 years - There has been no more deaths from Covid-19, than the influenza wave of 2017/18 -- Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths [25,100 in Germany] during the influenza wave 2017/18. (German) - The Germany Eye: <https://thegermanyeye.com/flu-vaccination-penultimate-wave-was-deadliest-in-30-years-3748>

Most people we know have gotten sick as with flu and well again as normal - most had asymptomatic or mild symptoms similar to a cold or a typical flu

14 March 2020 - Arsenal football boss, Mikel Arteta - 'The symptoms would have never stopped him from going to work' - In a 14 Mar 2020 Daily Mail story, Arsenal football boss, Mikel Arteta, who self-isolated after testing positive for COVID-19 was described by his wife thus: "Some temperatures, some headaches but that's it. That's his experience. My kids and I are perfectly well." His symptoms were therefore no different to an ordinary cold or mild flu. - <https://www.dailymail.co.uk/sport/sportsnews/article-8112679/Coronavirus-Mikel-Artetas-wife-provides-update-Arsenal-boss.html>

28 march 2020 - Actor Tom Hanks - Another high-profile "victim," Hollywood Actor Tom Hanks was "not even sick". - <https://www.cnet.com/news/tom-hanks-rita-wilson-return-to-home-after-coronavirus-isolation-australia/>

31 March 2020 - Chris Cuomo - CNN news anchor Chris Cuomo, brother of New York Gov. Andrew Cuomo, announced March 31 that he tested positive for the virus. "I just found out that I am positive for coronavirus. I have been exposed to people in recent days who have subsequently tested positive," the 49-year-old Cuomo tweeted. Despite suffering with fever, chills and shortness of breath, Cuomo said he still planned to film his "Cuomo Prime Time" show from his basement, where he has self-quarantined.

11 May 2020 - On one French aircraft carrier, 60 percent of sailors were infected (none died and only two out of 1,074 infected sailors required intensive care). <https://www.navalnews.com/naval-news/2020/05/covid-19-aboard-french-aircraft-carrier-98-of-the-crew-now-cured/>

16 March 2020 - Idris Elba - This morning I tested positive for Covid 19. I feel ok, I have no symptoms so far but have been isolated since I found out about my possible exposure to the virus. Stay home people and be pragmatic. I will keep you updated on how I'm doing ???????? No panic. pic.twitter.com/Lg7HVMZgZ

16 March 2020 - "Games of Thrones" star Kristofer Hivju said in an Instagram post on March 16 that he'd tested positive for the virus and that he and his family members were self-isolating. "We are in good health — I only have mild symptoms of a cold," said the 41-year-old actor. - https://www.instagram.com/p/B9zvKEHBRjif/?utm_source=ig_embed

22 March 2020 - Sen. Rand Paul, R-Ky., is the first senator and the third member of Congress to test positive. "He is feeling fine and is in quarantine. He is asymptomatic and was tested out of an abundance of caution due to his extensive travel and events. He was not aware of any direct contact with any infected person." Rand's Twitter account tweeted March 22. - <https://twitter.com/RandPaul/status/1241780756617273345>

22 March 2020 - Plácido Domingo - Famed opera singer Plácido Domingo, 79, wrote on Facebook March 22 that it was his "moral duty" to announce he'd tested positive for the virus. "My family and I are all in self isolation for as long as it is deemed medically necessary," he shared. "Currently we are all in good health but I experienced fever and cough symptoms therefore deciding to get tested and the result came back positive."

3 April 2020 - Pop star Pink, 40, revealed on Instagram April 3 that she and her 3-year-old son, Jameson, got coronavirus, and are now well. - https://www.instagram.com/p/B-i139tJ57d/?utm_source=ig_embed

10 April 2020 - UK, Prince Charles — himself now in the "vulnerable" over 70's age group - <https://uk.style.yahoo.com/prince-charles-reunites-camilla-testing-083600153.html>

12 Apr 2020 - UK Prime Minister Boris Johnson have recovered from their COVID-19 infections. Johnson did not have a lengthy stay in hospital, was never on a ventilator and is reported to have gone to his residence, not into isolation - <https://www.theguardian.com/politics/2020/apr/12/boris-johnson-leaves-hospital-as-he-continues-recovery-from-coronavirus>

21 April 2020 - George Stephanopoulos - The ABC anchor announced his positive test on an April 13 episode of Good Morning America, saying he has been largely asymptomatic. - https://twitter.com/GStephanopoulos/status/1252527979369988102?ref_src=twsrc%5Etfw

May 11 2020 - Actor Tony Shalhoub announced on May 11 that he and his wife, Brooke Adams, had both recovered after testing positive for the coronavirus. - https://www.youtube.com/watch?v=f4W2xmjqv4&feature=emb_logo

26 May 2020 - Andrea Bocelli - The Italian opera singer shared on Facebook that he had tested positive for the virus back in March, but had made a "swift and full recovery" by the end of the month. Bocelli went on to perform a "Music for Hope" concert on Easter Sunday, which broke YouTube records with 28 million views in its first 24 hours. In his post, Bocelli explains that he did not want to "unnecessarily alarm" his fans with his diagnosis, nor violate his family's privacy. - <https://www.facebook.com/andreabocelli/posts/3597433526936511>

3 Sept. 2020 - Dwayne 'The Rock' Johnson and family all test positive for coronavirus - Dwayne "The Rock" Johnson announced in early September that his entire family had tested positive for the novel coronavirus. - <https://www.today.com/popculture/dwayne-rock-johnson-family-all-test-positive-coronavirus-t190819>

2 October 2020 - Donald Trump Has The Coronavirus - The announcement comes 32 days before the presidential election. The White House physician says Trump will "continue carrying out his duties without disruption." - <https://www.buzzfeednews.com/article/mattberman/donald-trump-has-the-coronavirus>

PERSONAL KNOWLEDGE - How many have died or got seriously sick do you know that where not of old age? What do you personally know about corona? Have you tested positive, how was it? if you have not, think of the people you know of, or heard of, or seen on social media, etc. I saw a list of famous people that have died this year which were called corona deaths, but they were all older people, I mean how do you know if they died of corona or of old age? Sadly old people die each year, also famous people, and some of them test positive, there is a statistical life expectancy for each country, and no more famous people have died this year than any other year, there is no excess mortality rate this year in relation to other years. So when I ask how many have died that where not of old age? I mean people who you would not have been surprised to have heard the news of their death if there where no corona pandemic. Personally the people we know of had asymptomatic or mild symptoms similar to a normal cold or a typical flu, they have gotten sick as with flu and well again as usual. What about the people you know of?

What is the infection fatality rate for the coronavirus? - The META-ANALYSIS of Prof. Ioannidis, was published at WHO webpage the 14th October 2020, the results IFR 0.23%.

WHO DECLARES "PANDEMIC", THE PANIC STARTS - The 30 January 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of international concern. Then the 3 March 2020, the WHO director said the fatality rate for the coronavirus was 3.4%, much higher than seasonal flu. The 11 March 2020 The WHO declared the covid-19 a pandemic. - Many experts respond to WHO that it overestimated the fatality rate, early estimates of fatality rates tend to be higher in the beginning and then drop, and also asymptomatic and mildly symptomatic cases must also be included in the denominator. - A couple of important caveats: First, far more cases are out there than are being reported, because many cases have no symptoms, the vast majority mild or asymptomatic. Second, the Hubei outbreak, by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season.

30 January 2020 - The World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern on 30 January 2020

5 February 2020 More like a bad influenza than it is a SARS-like disease, Fauci says. That would mean the risk of serious illness is low for most healthy individuals, but if the novel coronavirus spreads as widely as influenza does, it could still take a lot of lives. -- <https://www.wbur.org/npr/803158339/does-the-new-coronavirus-spread-silently>

10 February 2020 - CFR 0.5% in <49 years old - "The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) – China, 2020" -- The Chinese Center for Disease Control and Prevention conducted a descriptive analysis of 72,314 coronavirus disease 2019 (COVID-19) cases in China diagnosed as of February 11, 2020. Among confirmed cases (n=44,672): 78.6% were 30 to 79 years of age; 51.4% were males; 74% had no comorbidities; 80.9% experienced mild illness and 2.3% died. - Case fatality ratios varied by age: <0.5% in individuals <49 years, 1.3% in 50-59 year-olds, 3.6% in 60-69 year-olds, 8.0% in 70-79 year olds and 14.8% for those =80 years. In the 422 medical facilities treating COVID-19 patients, there were 3,019 infected healthcare workers. Of these, 1,688* (55.9%) were confirmed by laboratory testing and five have died. Epidemiological curves suggest that the peak onset of symptoms for all cases occurred on February 1, 2020. - Document Chinese <https://pubmed.ncbi.nlm.nih.gov/32064853/> - Document English: <https://slma.lk/wp-content/uploads/2020/02/TheEpidemiologicalCharacteristicsOfanOutbreakOf2019NovelCoronavirusDiseases28COVID-1929E28094China2C20201.pdf>

24 February 2020 - CFR 3.8%, WHO - A report by the World Health Organization (WHO) and China estimates the mortality rate to be around 3.8% based on actual results: As of 20 February, 2114 of the 55,924 laboratory confirmed cases have died (crude fatality ratio [CFR] 3.8%) (note: at least some of whom were identified using a case definition that included pulmonary disease). The overall CFR varies by location and intensity of transmission (i.e. 5.8% in Wuhan vs. 0.7% in other areas in China). Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19).

28 February 2020 - CFR 1%, Bill Gates -- Article from Bill Gates blog "How to respond to COVID-19": In any crisis, leaders have two equally important responsibilities: solve the immediate problem and keep it from happening again. The Covid-19 pandemic is a case in point. We need to save lives now while also improving the way we respond to outbreaks in general. The first point is more pressing, but the second has crucial long-term consequences. There are two reasons that Covid-19 is such a threat. First, it can kill healthy adults in addition to elderly people with existing health problems. The data so far suggest that the virus has a case fatality risk around 1%; this rate would make it many times more severe than typical seasonal influenza, putting it somewhere between the 1957 influenza pandemic (0.6%) and the 1918 influenza pandemic (2%). Second, Covid-19 is transmitted quite efficiently. National, state, and local governments and public health agencies can take steps over the next few weeks to slow the virus's spread. -- <https://www.gatesnotes.com/Health/How-to-respond-to-COVID-19>

2 March 2020 - CFR between 0.18% to 4.9%, Dr Tom Jefferson, epidemiologist - Perhaps the death rate, the ratio of confirmed cases to deaths, could explain the furore? It seems to be anything between 0.18% to 4.9% (depending on where you look), on average below that of other coronavirus outbreaks. And deaths seem to be concentrated in older age groups and in people with pre-existing morbidities. So I cannot answer my nagging doubts, there does not seem to be anything special about this particular epidemic of influenza-like illness. Dr Tom Jefferson is an epidemiologist and Cochrane researcher, based in Rome, Italy. March 2, 2020 - <https://blogs.bmj.com/bmj/2020/03/02/tom-jefferson-covid-19-many-questions-no-clear-answers/>

3 March 2020 - CFR 3.4%, WHO - The Director General of the WHO, Tedros Adhanom Ghebreyesus, shared this related to the coronavirus: "While many people globally have built up immunity to seasonal flu strains, COVID-19 is a new virus to which no one has immunity. That means more people are susceptible to infection, and some will suffer severe disease. Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected". -- The WHO figure, for example, of 3.4% is based only on those patients who were treated in hospital. But what about people who got sick but never reported it? Or who never had any symptoms so never knew they were infected? These were not counted - <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>

4 March 2020 - WHO overestimates, some studies suggest that it is approximately 10 times too high - WHO overestimates, it does not take to account, early estimates of fatality rates tend to be higher and then drop, asymptomatic and mildly symptomatic cases must also be included in the denominator, some studies have suggested that it is approximately 10 times too high - The quoted mortality rate of 3.4% is taken from confirmed deaths over total reported cases, this is likely an overestimate. If a significant number of mild cases have been missed or not reported then this estimate is too high. Earlier this naive estimate gave a roughly 2% case fatality ratio, now it is 3.4%. Our analyses have included estimates of the case fatality ratio, but also the infection fatality ratio, the infection fatality ratio is the proportion of infections (including those with no symptoms or mild symptoms) that die of the disease, our estimate for this is 1%. This is lower than the observed 3.4% figure because asymptomatic and mildly symptomatic cases are included in the denominator. - Early estimates of fatality rates tend to be higher and then drop as the outbreak progresses, this is mainly because early figures are based on the more severe cases only, those that seek hospital treatment, and so don't capture mild cases. It's not until later in the outbreak that more accurate numbers start to emerge and the figures settle down. Though there is disagreement about this, some studies have suggested that it is approximately 10 times too high. This would bring the death rate in line with some strains of influenza. <https://www.sciencemediacentre.org/expert-reaction-to-who-director-generals-comments-that-3-4-of-reported-covid-19-cases-have-died-globally/>

5 March 2020 - Medical Director of the University Medical Center Essen. Prof. Dr. Jochen A. Werner, Ärztlicher Direktor und Vorstandsvorsitzender der Universitätsmedizin Essen, über den Umgang mit dem Coronavirus, warum Panik ein schlechter Berater ist und wie wir alle die Situation verbessern können (German). <https://www.youtube.com/watch?v=DFg5rcNNGNo>

6 March 2020 - Virus' fatality rate 0.6%, broad population study in South Korea - IFR 0.6% - South Korea, one of the countries that have done the broadest population studies – ie. testing random sections of the population who have no symptoms. South Korea 0.6% - Virus' fatality rate seems to decrease as more cases are reported, because more mild cases to be included in the count - South Korea has tested 140,000 people for the coronavirus. That could explain why its death rate is just 0.6% — far lower than in China or the US. This suggests that, as many health experts have predicted, the virus' fatality rate seems to decrease as more cases are reported. That's because more widespread testing leads more mild cases to be included in the count. 6 March 2020 - <https://www.businessinsider.nl/south-korea-coronavirus-testing-death-rate-2020-3>

9 March 2020 - First, far more cases are out there than are being reported, because many cases have no symptoms, the vast majority mild or asymptomatic. Second, the Hubei outbreak, by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season -- Strictly by the numbers, the coronavirus does not register as a dire global crisis - Richard Schabas, retired physician. Ontario's chief medical officer of health for 10 years, and was chief of staff at York Central Hospital during the SARS crisis in 2003. A couple of important caveats: First, far more cases are out there than are being reported. This is because many cases have no symptoms and testing capacity has been limited. There have been about 100,000 cases reported to date, but, if we extrapolate from the number of reported deaths and a presumed case-fatality rate of 0.5 per cent, the real number is probably closer to two million – the vast majority mild or asymptomatic. Second, the Hubei outbreak – by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season. That's not nothing, but it's not catastrophic, either, and it isn't likely to overwhelm a competent health-care system. Not even close. We also need to be sensible. Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay

calm and carry on. Let's not make our attempted cures worse than the disease. March 9, 2020 - <https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire/>

11 March 2020 - The World Health Organization declared the "COVID-19 A PANDEMIC" on 11 March 2020.

Midt March - More disagreement: Dr. Fauci says coronavirus fatality rate are lower than official estimated, the Fatality Rate is 1%, that's 10 times more lethal than the seasonal flu, which has a Fatality Rate 0.1% - Independent experts question the COVID-19 panic, they say the coronavirus fatality rate reported by the media is completely inaccurate, it is being over-hyped and misunderstood, some say Fatality Rate is "between 0.1% and 0.36%" and not 3.4% as WHO says, or 1% as Dr. Fauci says. - A study shows 91% of those infected show only mild to moderate symptoms, Italy had a high IFR because only very severely symptomatic cases were tested, if you follow the study and assume that 91 percent go through Covid-19 only with mild or moderate symptoms, then the Italians initially only focused on the remaining nine percent. Experts note that statistics show the fatality rate will not be significantly higher compared to other years. - There has been exaggerated information, this can lead to inappropriate actions. It is important to differentiate promptly the true epidemic from an epidemic of false claims and potentially harmful actions. There are exaggerated pandemic estimates and exaggerated case fatality rates, these extreme measures cause harm, economic and social disruption. - If one assumes asymptomatic or minimally symptomatic cases is higher, then the IFR is less than 1%, Dr. Fauci - Governments must remember that rushed science is almost always bad science, we have decided on policies of extraordinary magnitude without concrete evidence of excess harm already occurring, and without proper scrutiny of the science used to justify them. Some experts speak of "Global media terror" and "totalitarian measures".

11 March 2020 - coronavirus' lethality rate 1%, Dr. Fauci -- Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told lawmakers during a House Oversight Committee hearing Wednesday that COVID-19 is probably about 10 times more lethal than the seasonal flu. At the same time, he did clarify that 10 times figure actually brings the new coronavirus' fatality rate lower than official estimates, which hover around 3 percent. The flu has a mortality rate of about 0.1 percent, so, when considering the likelihood that there are many asymptomatic or very mild cases that have gone undiagnosed, Fauci places the new coronavirus' lethality rate at somewhere around 1 percent. While that's a good deal lower than the current data suggests, it still would lead to significant numbers of fatalities, and makes the flu comparisons seem pretty questionable. - <https://news.yahoo.com/coronavirus-10-times-more-lethal-162500056.html>

13 March 2020 - "The Coronavirus is Being Over-Hyped and Misunderstood", Dr Wodarg - The test for Covid-19 was developed too hastily. Usually, as a test is considered a product of medicine, it has to be validated - As he explains in the interview, Covid-19 is but one strain of coronavirus which account for roughly 10% of respiratory virus cases each year. One of Dr. Wodarg's fears is that the original test for Covid-19 was developed too hastily. As panic quickly arose, the first protocol was sent out across the world as the standard. "Usually, as a test is considered a product of medicine, it has to be validated," Wolfgang explains. "That means it has to be checked very precisely." And what if a person is dying of something else, but also has the coronavirus? In his view, this rushed testing method combined with hysteria and a lack of context surrounding Covid-19 cases has created a perfect storm for scientists to take advantage of goodhearted yet ignorant politicians and bureaucrats. Unfortunately, government support of scientific institutions creates a situation where scientists are continuously trying to impress government officials and tout their abilities and need for funds, as many scientists argue. "And like this, politicians are being courted by many scientists. Scientists who want to be important in politics because they need money for their institutions. Scientists who just swim along in this mainstream and also want their part... And what is missing at the moment is a rational way of looking at things." "And this reminds me of the fairytale about the king without clothes on. And just as a child was able to say 'Hey, he is naked!'. All the others in the courtyard - surrounding government and asking the government for advice, because they can't know themselves - they all played along and joined the hype." -- Dr Wodarg is specialist in pulmonology, was leader of Germanies flu control many years, and also leader of PACE, former chairman of the (Parliamentary Assembly of the Council of Europe). It was Dr Wodarg that uncovered the Swineflu Scandal of 2009, through his efforts as a member of the German Bundestag and also a member of the Council of Europe, the hoax of Swine Flu Scandal of 2009 was brought to an end, before it would lead to even more serious consequences. Dr Wodarg is one of Europe's foremost experts in types of flu, please listen what he has to say about covid - https://www.youtube.com/watch?v=p_AyubhbnPOI

14 March 2020 - IFR 0.06% - Virologist Hendrik Streeck found Covid-19 rarely spreads through casual contact - GERMANY study by Hendrik Streeck of Bonn university concluded that Covid 19 rarely spreads through casual contact, but more through protracted close contact such as by families in lock down. He also found a mortality rate of 0.06% which is in line with seasonal flu. - <https://www.globalresearch.ca/swiss-doctor-covid-19/5707642>

16 March 2020 - A study shows 91% of those infected show only mild to moderate symptoms, Italy had a high IFR because only very severely symptomatic cases were tested, if you follow the study and assume that 91 percent go through Covid-19 only with mild or moderate symptoms, then the Italians initially only focused on the remaining nine percent, it could well be that we will not have more deaths in 2020 than in any other year -- Professor Hendrik Streeck, German researcher of human immunodeficiency virus, epidemiologist and director of the Institute of Virology at the University Bonn, a laboratory for coronaviruses, all of my employees are currently working on Sars-CoV-2, hoping to contribute something to the research. -- How would you describe the typical Covid-19 patient? The typical Covid-19 patient shows only mild symptoms. A Chinese study from the metropolis of Shenzhen also came to the same conclusion, which found that 91 percent of those infected show only mild to moderate symptoms, with a dry, irritable cough and possibly a fever. It is similar to the old Sars virus, which is why it is also called Sars-CoV-2, the new pathogen isn't all that dangerous, it's even less dangerous than Sars-1. - How do you explain the low death rate in Germany compared, for example, to Italy? I'm not at all surprised about that, because in Italy only the very severely symptomatic cases were tested. The current study from Shenzhen, for example, also found that children are just as likely to be infected with the pathogen as adults, but they only develop mild symptoms or no symptoms at all. If you follow the study and assume that 91 percent go through Covid-19 only with mild or moderate symptoms, then the Italians initially only focused on the remaining nine percent, in addition, the dead are also subsequently tested for Sars-CoV-2. In China, too, the number of deaths rose sharply at first, but not the number of infections, because the focus there was also on the dead, now it's the other way around because there is a lot more testing going on in China. There are a lot more infections in Italy than the numbers indicate. In Germany, patients with only mild symptoms were also tested from the start. The number of deaths will also rise in Germany, but not for such apocalyptically high numbers as some of them are in circulation. You also have to take into account that the deaths in Germany were exclusively old people, in Heinsberg, for example, a 78-year-old man with previous illnesses died of heart failure without any lung involvement from Sars-2, since he was infected, he naturally appears in the Covid 19 statistics, the question is whether he would not have died anyway, even without Sars-2 (covid 19). Of course people will still die, but I'll lean far out of the window and say: It could well be that we will not have more deaths in 2020 than in any other year. - Article in German <https://www.faz.net/aktuell/gesellschaft/gesundheit/coronavirus/neue-corona-symptome-entdeckt-virologe-hendrik-streeck-zum-virus-16681450.html>

17 March 2020 - IFR between 0.1% and 0.36%, Oxford University's Centre for Evidence-Based Medicine - CEBM have been presenting cold hard data since the day these lockdowns began showing that Fauci's testimony to congress that COVID-19 is "at least ten times more lethal than the flu" had no basis in scientific reality. Researchers at the Centre for Evidence-Based Medicine at Oxford University estimate to have an infection fatality rate (IFR) of between 0.1% and 0.36%. Similar to seasonal flu. The Centre for Evidence-Based Medicine (CEBM) develops, promotes and disseminates better evidence for healthcare. 17 March 2020 - <https://www.cebm.net/covid-19/global-covid-19-case-fatality-rates/>

19 March 2020 - "We are making decisions without reliable data, ... the threat of covid-19 dangerously exaggerated", John P. A. Ioannidis -- John P. A. Ioannidis is a professor of medicine at Stanford University and both a professor of epidemiology and population health. When these lockdowns first started kicking in, Dr. Ioannidis published an op-ed titled: A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. Again in sharp contrast to Fauci, Dr. Ioannidis broke down his reasons for thinking the threat of covid-19 was dangerously exaggerated. Since then, Dr. Ioannidis has researched the prevalence of the covid-19 virus, which indicates that its fatality rate is likely comparable to the flu's. - Proper communication and optimal decision-making are an ongoing challenge, as data evolve. The challenge is compounded, however, by exaggerated information. This can lead to inappropriate actions. It is important to differentiate promptly the true epidemic from an epidemic of false claims and potentially harmful actions. There are exaggerated pandemic estimates and exaggerated case fatality rates, these extreme measures cause harm, economic and social disruption - Coronavirus: The harms of exaggerated information and non-evidence-based measures. 19 March 2020 - <https://onlinelibrary.wiley.com/doi/full/10.1111/eci.13222>

19 March 2020 - Advisory HCID Committees of the opinion that COVID-19 should no longer be classified as an HCID (high consequence infectious diseases) -- As of 19 March 2020, covid-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK. The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase. The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID. - <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#status-of-covid-19>

20 March 2020 - CFR 0.2% (EBM) - The CFR of 0.2% currently measured for Germany is below the Robert Koch-Institute's (RKI) calculated influenza CFRs of 0.5% in 2017/18 and 0.4% in 2018/19. Covid-19 is in the range of a strong seasonal influenza (flu). Overall, there is still very little robust evidence, neither on COVID-19 itself, nor on the effectiveness of the current measures. German Network for Evidence-based Medicine - <https://www.ebm-netzwerk.de/en/publications/covid-19>

24 March 2020 - 12 Experts Question The COVID-19 Panic - Below is our list of twelve medical experts whose opinions on the Coronavirus outbreak contradict the official narratives of the MSM, and the memes so prevalent on social media. <https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/>

26 March 2020 - If one assumes asymptomatic or minimally symptomatic cases is higher, then the CFR is less than 1%, Dr. Fauci - If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1% -- Dr. Anthony Fauci, a "pandemic advisor" to the US Trump Administration has been quoted, in an article/paper in "The New England Journal of Medicine" (re-published 26 Mar): "If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of COVID-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968)." - <https://www.nejm.org/doi/full/10.1056/NEJMe2002387>

27 March 2020 - "There's little evidence to confirm that premise and projections of the death toll could plausibly be orders of magnitude too high", Dr. Jay Bhattacharya - Dr. Jay Bhattacharya is a professor of medicine at Stanford University. He is a research associate at the National Bureau of Economic Research and a senior fellow at both the Stanford Institute for Economic Policy Research and the Stanford Freeman Spogli Institute. His March 24, 2020, article in the Wall Street Journal questions the premise that "coronavirus would kill millions without shelter-in-place orders and quarantines." In the article he suggests that "there's little evidence to confirm that premise—and projections of the death toll could plausibly be orders of magnitude too high." In this edition of Uncommon Knowledge with Peter Robinson we asked Dr. Bhattacharya to defend that statement and describe to us how he arrived at this conclusion. We get into the details of his research, which used data collected from hotspots around the world and his background as a doctor, a medical researcher, and an economist. It's not popular right now to question conventional wisdom on sheltering in place, but Dr. Bhattacharya makes a strong case for challenging it, based in economics and science. The Hoover Institution. March 27, 2020 - <https://www.youtube.com/watch?v=UO3Wd5urg0>

27 March 2020 - IFR 0.5 percent (Germany) -- According to RKI's most recent figures, there are more than 31,500 confirmed Covid-19 cases in Germany. But with 149 deaths as of March 25, the country's fatality rate was a low 0.5 percent. -- Vox Report. <https://www.vox.com/world/2020/3/27/21196246/coronavirus-germany-death-rate-covid-19-cases-italy-europe>

28 March 2020 - IFR 0.04% to 0.2% (Iceland) - Iceland has only 2 deaths so far for a naive IFR in the range of 0.04% to 0.2% - <https://www.covid.is/data>

28 March 2020 - 10 MORE Experts Criticising the Coronavirus Panic - Here are ten more expert voices, drowned out or disregarded by the mainstream narrative, offering their take on the coronavirus outbreak. <https://off-guardian.org/2020/03/28/10-more-experts-criticising-the-coronavirus-panic/>

28 March 2020 - Retired virologist from the French Ministry of Health, Pablo Goldschmidt, speaks of a "global media terror" and "totalitarian measures" - "We are all locked up. There are drones in Nice that fine people from the air, look where this control got. You have to read Hannah Arendt, look at the origins of totalitarianism, when someone is afraid of the people, they do what they want with them ..." These types of diseases do not deserve that the planet is in a state of total stop, unless there are predictions that are realistic. 86 percent have no serious symptoms. - Professor Neil Ferguson's model and predictions - which everyone is using at this moment without even questioning - are not accurate. - In the way covid deaths are counted he figures must be corrected because only covid-19 is being considered, someone with a poorly managed stroke, if they have a cold, died from the virus, not from the stroke. Is the virus only responsible for these deaths? They say that corpses accumulate, but in Spain, yesterday, they showed that last year there were the same number of deaths by heart attacks or pneumonia. Now they all result from COVID-19. But last year they didn't get nasal swabs taken from all the dead. - All viral infections can be fatal, the difference is that this one caused a panic and the others did not, last year many people died of the flu and nobody closed the planet, so what happens now? Last year there were 36 million people with the flu in the United States. 370 thousand were admitted and 22 thousand died. It is clear? and no one closed any airport. In France there are 33,000 cases, but when 23,000 old people died in nursing homes due to a heat wave, the country did not close either. There is something very strange here. It seems to me that the government acts very well and with great caution. But the international authority pushes their hand with the mortality figures that the WHO experts put in, who do

mathematical accounts, but it is not bad faith, but incompetence. - <https://www.infobae.com/coronavirus/2020/03/28/para-un-prestigioso-cientifico-argentino-el-coronavirus-no-mercede-que-el-planeta-este-en-un-estado-de-parate-total/>

28 March 2020 - IFR 0.14 -- John Lee, a recently retired professor of pathology and a former NHS consultant pathologist: "by making Covid-19 a notifiable disease, the authorities may have distorted the figures. How deadly is the coronavirus? The simplest way to judge whether we have an exceptionally lethal disease is to look at the death rates. Are more people dying than we would expect to die anyway in a given week or month? On a global basis, we'd expect 14 million to die over the first three months of the year, the world's 18,944 coronavirus deaths represent 0.14 per cent of that total, these figures might shoot up but they are, right now, lower than other infectious diseases that we live with (such as flu). Not figures that would, in and of themselves, cause drastic global reactions. - Also, we're only dealing with those Covid-19 cases that have made people sick enough or worried enough to get tested, there will be many more unaware that they have the virus, with either no symptoms, or mild ones. What has happened since the emergence of Covid-19? Every positive test for Covid-19 must be notified, in a way that it just would not be for flu or most other infections. There is a big difference between Covid-19 causing death, and Covid-19 being found in someone who died of other causes, making Covid-19 notifiable might give the appearance of it causing increasing numbers of deaths, whether this is true or not, it might appear far more of a killer than flu, simply because of the way deaths are recorded. - Let us also compare the Covid-19 graphs with the flu or other seasonal viruses in the same way, we would also see an exponential increase, we would also see some countries behind others, and striking fatality rates. The United States Centers for Disease Control, for example, publishes weekly estimates of flu cases, the latest figures show that since September, flu has infected 38 million Americans, hospitalised 390,000 and killed 23,000, this does not cause public alarm because flu is familiar. - Much of the response to Covid-19 seems explained by the fact that we are watching this virus in a way that no virus has been watched before, the scenes from the Italian hospitals have been shocking, and make for grim television, but television is not science. Governments everywhere say they are responding to the science, the policies in the UK are not the government's fault, they are trying to act responsibly based on the scientific advice given. But governments must remember that rushed science is almost always bad science, we have decided on policies of extraordinary magnitude without concrete evidence of excess harm already occurring, and without proper scrutiny of the science used to justify them. - <https://www.spectator.co.uk/article/The-evidence-on-Covid-19-is-not-as-clear-as-we-think>

30 March 2020 - Renowned virologist Pablo Goldschmidt spoke of a "global media terror" and "totalitarian measures". Der Corona-Totalitarismus. Der Virologe Pablo Goldschmidt warnt vor totalitären Maßnahmen. - <https://www.rubikon.news/artikel/der-corona-totalitarismus>

31 March 2020 - Leading British virologist Professor John Oxford spoke of a "media epidemic" - Personally, I would say the best advice is to spend less time watching TV news which is sensational and not very good. Personally, I view this Covid outbreak as akin to a bad winter influenza epidemic. In this case we have had 8000 deaths this last year in the "at risk" groups viz over 65% people with heart disease etc. I do not feel this current Covid will exceed this number. We are suffering from a media epidemic! - <https://novuscomms.com/2020/03/31/a-view-from-the-hvivo-open-orphan-orphan-laboratory-professor-john-oxford/>

FIRST LOCKDOWNS - By the end of March 2020 over 100 countries worldwide had instituted either a full or partial lockdown -- Many governments acted fast to take the strictest measures possible to contain this corona virus. Well over 100 countries worldwide had instituted either a full or partial lockdown by the end of March 2020, affecting billions of people. And many others had recommended restricted movement for some or all of their citizens. In regions that latter confirmed their first cases of coronavirus, many countries imitated their Asian and European counterparts.

April - IFR "0.1%-0.02%" - More critical respsn from doctors and experts - The age and risk profile of deaths thus essentially corresponds to normal mortality - Concern on the underestimation of coronavirus infections and the overestimation of COVID-19 deaths. - Infection Fatality Rate (IFR) is 0.01%, and not 3.4% as WHO says, covid-19 is no more dangerous than flu (46 doctors and experts)

1 April 2020 - Herd Immunity: Expert Explains Why COVID-19 Lockdown and Social Distancing Doesn't Work -- With all respiratory diseases, the only thing that stops the disease is herd immunity. About 80% of the people need to have had contact with the virus, and the majority of them won't even have recognized that they were infected, or they had very, very mild symptoms, especially if they are children. So, it's very important to keep the schools open and kids mingling to spread the virus to get herd immunity as fast as possible, and then the elderly people, who should be separated, and the nursing homes should be closed during that time, can come back and meet their children and grandchildren after about 4 weeks when the virus has been exterminated. - Some doctors are saying, "This is more contagious than any seasonal flu or the H1N1, and this is why we have to take it so seriously because it's so much more contagious." But the data that we have speaks against it, you can download the data from the European CDC every day, the data, all over the world, and you can analyze it. And that's what I have done: All data were downloaded on 2020-04-04 from the European Centre for Disease Prevention and Control (ECDC) Web site at <https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide>, where data are collected daily between 6:00 and 10:00 CET. - Updates were collected from the Johns Hopkins online tracker available at <https://systems.jhu.edu/research/public-health/ncov/>. - New York City data was downloaded from <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-daily-data-summary.pdf>. - Population data were accessed from <https://www.worldometers.info/world-population/population-by-country/> on 2020-03-12. Data on ages by country were accessed from <https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS>. - Dr. Witkowski received his PhD in computer science from the University of Stuttgart and his ScD (Habilitation) in Medical Biometry from the Eberhard-Karls-University Tübingen, both Germany. Worked for 15 years with Klaus Dietz, one of the leading epidemiologists in the world. 20 years the Department of Biostatistics, Epidemiology, and Research Design at The Rockefeller University, New York. He is currently the CEO of ASDERA LLC, a company discovering novel treatments for complex diseases from data of genome-wide association studies.

3 April 2020 - Governments mixed messages - Three weeks ago, the World Health Organization told countries battling Covid-19 to "test, test, test" for the virus. Since then, the UK government has been accused of issuing mixed messages, of over-promising and under-delivering. - <https://www.theguardian.com/politics/2020/apr/03/coronavirus-testing-in-uk-timeline-of-ministers-mixed-messages>

6 April 2020 - The National Institutes of Health has launched an antibody study that will test 10,000 people. <https://www.nih.gov/news-events/news-releases/nih-begins-study-quantify-undetected-cases-coronavirus-infection> - Results will be released on a rolling basis. The study is expected to wrap up in early 2022. - <https://clinicaltrials.gov/ct2/show/NCT04334954>

7 April 2020 - "The age and risk profile of deaths thus essentially corresponds to normal mortality". Martin Posch, Center for Medicin Statistics - Analyse zeigt: Covid-19-Opferkurve entspricht "normaler" Mortalität. Mehr als 240 Menschen sind bisher in Österreich an Covid-19 gestorben. Martin Posch vom Zentrum für Medizinische Statistik der MedUni Wien und sein Team haben erstmals die Alters- und Geschlechterverteilung analysiert. Fazit: Die Covid-19-Opferkurve entspricht in Österreich etwa der "normalen" Mortalität bei Männern und Frauen in den einzelnen Altersklassen. Zwei Drittel der Opfer sind Männer. (German) - <https://www.vienna.at/analyse-zeigt-covid-19-opferkurve-entspricht-normaler-mortalitaet/6581246>

9 April 2020 - CFR 0.37% - Preliminary German study testing random sections of the population who have no symptoms - Germany one of the countries that have done the broadest population studies - ie. testing random sections of the population who have no symptoms. Germany 0.37% - One often-heard statistic is the "case fatality rate"---that is, the percentage of people diagnosed with a disease who will die of it. This afternoon that figure stands at 3.5 percent for COVID-19 in the U.S., but this rate is significantly inflated because it does not count asymptomatic cases or undiagnosed people who recover at home. What we really need to know is the infection fatality rate: the percentage of all the people infected who eventually die of the disease. That's what the German study attempts to do. - <https://www.tagesschau.de/regional/nordrheinwestfalen/corona-studie-heinsberg-101.html>

11 April 2020 - IFR 0.025% and 0.65% (Dr Ioannidis) - The WHO figure, for example, of 3.4% is based only on those patients who were treated in hospital. The countries that have done the broadest population studies - ie. testing random sections of the population who have no symptoms - are Germany, South Korea and Iceland. They return death rates of 0.37% 0.6% and 0.4% respectively. Dr John Ioannidis from Stanford University estimates a death rate between 0.025% and 0.65%.

15 April 2020 - "The overall lethality of Covid19 is in the permille range and thus about ten times lower than initially assumed by the WHO", International Journal of Advanced Research (IJAR) - Corona a scandal, a media pandemi, and? - According to data from the best-studied countries such as South Korea, Iceland, Germany, as well as the cruise ship, Diamond Princess, the overall lethality of Covid19 is in the permille range and thus about ten times lower than initially assumed by the WHO. A study in Nature Medicine comes to a similar conclusion even for the Chinese city of Wuhan. The initially significantly higher values for Wuhan were obtained because a great many people with mild or no symptoms were not recorded. - In a wrap, it's up to you all to think is it really a virus? A trap? Tool for economic crisis? Whatever the conspiracy may be behind. We all are in dark. - Sarathchandran Gopinath, International Journal of Advanced Research (IJAR) - http://www.journalijar.com/uploads/185_IJAR-31259.pdf

16 April 2020 - IFR 0.16% - Danish Study reveals COVID-19 20 times less deadly than WHO estimates - DENMARK study of 1,487 blood donors found that Covid 19 is almost 20 times less deadly than what we were told by the World Health Organisation and in line with normal flu mortality rates. Research on a group of blood donors in Denmark points to its Covid-19 mortality rate being well below one percent of the number of people infected with the disease, according to a team at the Rigshospitalet in Copenhagen. Tests were carried out on 1,487 samples from Danish blood donors at the hospital showed a mortality rate of just 0.16 percent. That puts the Danish scientists' estimates up to 20 times lower than those of the World Health Organization, which is putting deaths at anywhere between one percent and three percent of the number who contract Covid-19. - <http://cubasi.eu/en/news/danish-study-reveals-coronavirus-may-be-almost-20-times-less-deadly-who-predicted>

17 April 2020 - 8 MORE Experts Questioning the Coronavirus Panic - Medical experts dissenting from the media/political "consensus". - <https://off-guardian.org/2020/04/17/8-more-experts-questioning-the-coronavirus-panic/>

17 April 2020 - IFR 0.1%, a mild disease and similar to the flu (Professor Johan Giesecke, epidemiologists, governmental advisor, chief scientist of the ECDC) -- Policy on lockdown and other European countries are not evidence-based, the correct policy is to protect the old and the frail only, this will eventually lead to herd immunity as a "by-product". Covid-19 is a "mild disease" and similar to the flu -- Professor Johan Giesecke, one of the world's most senior epidemiologists, advisor to the Swedish Government, the chief Scientist of the European Centre for Disease Prevention and Control, and an advisor to the director general of the WHO, lays out with typically Swedish bluntness why he thinks: UK policy on lockdown and other European countries are not evidence-based, the correct policy is to protect the old and the frail only, this will eventually lead to herd immunity as a "by-product". The flattening of the curve is due to the most vulnerable dying first as much as the lockdown, the results will eventually be similar for all countries. Covid-19 is a "mild disease" and similar to the flu, and it was the novelty of the disease that scared people, the actual fatality rate of Covid-19 is the region of 0.1%. At least 50% of the population of both the UK and Sweden will be shown to have already had the disease when mass antibody testing becomes available - <https://unherd.com/the-post/coming-up-epidemiologist-prof-johan-giesecke-shares-lessons-from-sweden/>

20 April 2020 - IFR 0.01%, and not 3.4% as WHO says, covid-19 is no more dangerous than flu (46 doctors and experts) - A Tribute to the Corona Whistle Blowers: Tribute to "the most important finding is that the mortality rate is 0.01%, and not 3.4% as the World Health Organization (WHO) says". Has a list of 46 doctors and experts who during the 2019-2020 pandemic publicly have expressed, that they find the Corona covid-19 mortality rate to be very low, around 0.01%, no more dangerous than flu - <http://coronawhistleblower.org/>

21 April 2020 - Simple Math Shows COVID-19 Runs Its Full Course After 70 Days, Top Israeli Professor - Renowned Israeli physicist, mathematician, retired major general, and head of two prestigious think tanks at Tel Aviv University Isaac Ben-Israel argues that the spread of COVID-19 follows a predictable pattern no matter what measures governments impose to stop it. Ben-Israel, head of the Security Studies program in Tel Aviv University and the chairman of the National Council for Research and Development, analyzed global coronavirus statistics and found that a COVID-19 outbreak peaks after about 40 days and declines to almost zero after 70 days. - Ben-Israel, head of the Security Studies program in Tel Aviv University and the chairman of the National Council for Research and Development, analyzed global coronavirus statistics and found that a COVID-19 outbreak peaks after about 40 days and declines to almost zero after 70 days. While Ben-Israel is not a medical expert, he told Israel's Channel 12, "the numbers speak for themselves." 21-04-2020 - <https://www1.cbn.com/cbnnews/israel/2020/april/top-israeli-professor-claims-simple-math-shows-covid-19-runs-its-full-course-after-70-days>

21 April 2020 - IFR 0.2% - On April 21st, the University of Southern California (USC) published their study on the population of Los Angeles county, which found an IFR of <0.2%. - Preliminary results of USC-LA County COVID-19 study released - <https://pressroom.usc.edu/preliminary-results-of-usc-la-county-covid-19-study-released/>

27 April 2020 - IFR 0.5%. - In New York, for example, an antibody study indicated the state has an infection fatality rate around 0.5%. - <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-phase-ii-results-antibody-testing-study>

29 April 2020 - CFR 0.02% (Drs. Erickson and Massihi, Accelerated Urgent Care chain) -- Drs. Dan Erickson and Artin Massihi, co-owners of a chain of Accelerated Urgent Care facilities, say that after conducting more than 5,000 coronavirus tests they have come to the conclusion that covid-19 is no more dangerous than a normal seasonal flu and quarantines are not making any difference in preventing its spread. Erickson said at the press conference that businesses should begin to re-open and people should begin to go back to work. He estimating the covid-19 case fatality rate to be around 0.02%, arguing that it's five times less lethal than the 0.1% case fatality rate due to the flu. He said coronavirus and the seasonal flu are "similar in their prevalence and death rates," and "now that we have the facts, it's time to get back to work." 29 April 2020 - <https://off-guardian.org/2020/04/29/watch-dr-erickson-covid-19-briefing-censored-by-youtube> - [https://www.realclearpolitics.com/video/2020/04/26/doctor_after_doing_5000_coronavirus_tests_its_similar_to_the_flu_and_quarantine_should_end.html#/?](https://www.realclearpolitics.com/video/2020/04/26/doctor_after_doing_5000_coronavirus_tests_its_similar_to_the_flu_and_quarantine_should_end.html#/) - Exactly how deadly is covid-19? Are the measures worse

than the virus? - <https://www.bitchute.com/video/OJa5Ds9GDHR/> - #CensoredDocs - <https://www.bitchute.com/video/GfDnSjB8bsH/> - Here's Highwire's follow-up interview and this doc's message is clear: he is not backing down - Highwire 'Censored Docs Double Down' - <https://www.bitchute.com/video/ELQswKsE6YUs/>

30 April 2020. - IFR 0.09-0.14% - COVID-19 likely a mortality rate comparable to the seasonal flu - The fatality rate of the coronavirus may be significantly lower than the World Health Organization's 3.4 percent estimate, or Dr. Fauci's 2.0 percent estimate. An antibody test in Santa Clara County estimated a mortality rate between .09 percent and .14 percent. - <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1>

30 April 2020 - IFR 0.17% - Study from Stanford University, published on April 30th and this time focusing on Santa Clara county, found an IFR of 0.17% - COVID-19 Antibody Seroprevalence in Santa Clara County, California - <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2>

May - More critical resposns from doctors and experts - Some say the IFR "0.3%" (CDC) others IFR "0.24%" -- 8 October 2020, WHO (Accidentally) Confirms Covid is No More Dangerous Than Flu. Head of Health Emergencies Program "best estimates" put infection fatality rate at 0.14%. - Antibody Tests Point To Lower Death Rate For The Coronavirus Than First Thought. 14 October 2020, the META-ANALYSIS of professoer Ioannidis was published at WHO's webpage, showing IFR 0.23%, in line with the seasonal effects of common flu.

1 May 2020 - Sweden is a model for the new coronavirus normal, says WHO - The World Health Organisation lavished praise on Sweden as "a future model" in the next phase of fighting the outbreak because it has trusted people to observe social distancing rules. Uniquely in Europe, Sweden chose not to tackle the pandemic with an enforced lockdown - <https://www.thetimes.co.uk/article/sweden-is-a-model-for-the-new-coronavirus-normal-says-who-dd8fgw7d0>

1 May 2020 - IFR 0.12% - A study done in the Guilan province of Iran, published on May 1st, found an IFR of 0.12%. - MedRxiv server for unpublished manuscripts in the medical, clinical, and related health sciences. - <https://www.medrxiv.org/content/10.1101/2020.04.26.20079244v1>

4 May 2020 - IFR 0.36% - On May 4th Dr Hendrikk Streeck et al published a study done in Germany which found an infection fatality rate (IFR) of <0.36%. - Infection fatality rate of SARS-CoV-2 infection in a German community with a super-spreading event - MedRxiv server for unpublished manuscripts in the medical, clinical, and related health sciences. - <https://www.medrxiv.org/content/10.1101/2020.05.04.20090076v2>

12 May 2020 - IFR 0.1% - Studies-on-covid-19 lethality- 1) Antibody studies 2) Immunological studies 3) Median age of death 4) Hospitalizations 5) Nursing homes 6) Overall mortality 7) Seroprevalence and IFR: Infection fatality rate. Swiss Policy Research (SPR), founded in 2016, is an independent, nonpartisan and nonprofit research group investigating geopolitical propaganda in Swiss and international media. SPR is composed of independent academics and receives no external funding. According to the latest immunological and serological studies, the overall lethality of Covid-19 (IFR) is about 0.1% and thus in the range of a strong seasonal influenza (flu). In countries like the US, the UK, and also Sweden (without a lockdown), overall mortality since the beginning of the year is in the range of a strong influenza season; in countries like Germany, Austria and Switzerland, overall mortality is in the range of a mild influenza season. - First published: May 12, 2020. Last updated: November 12, 2020 - <https://swprs.org/studies-on-covid-19-lethality/>

13 May 2020 - IFR 0.58% - In late April, Menachemi, working with the Indiana State Department of Health, led a study of more than 4,600 people statewide. Most were selected at random. Preliminary results showed that the coronavirus had infected about 3% of the state's population, or 188,000 people. "That 188,000 people represented about 11 times more people than conventional selective testing had identified in the state to that point," Menachemi says. And 45% of the infected people reported having no symptoms at all. For Menachemi and his team, it was like finally getting a glimpse of the entire coronavirus iceberg, instead of just the part above the water. And the data allowed them to calculate something called the infection fatality rate — the odds that an infected person will die. Previously, scientists had relied on what's known as the case fatality rate, which calculates the odds that someone who develops symptoms will die. Indiana's infection fatality rate turned out to be about 0.58%, or roughly one death for every 172 people who got infected. - <https://news.iu.edu/stories/2020/05/tupui/releases/13-preliminary-findings-impact-covid-19-indiana-coronavirus.html>

13 May 2020 - META-ANALYSIS IFR 0.23%, the mortality of corona is equivalent to that of the seasonal flu (Professor John Ioannidis) - The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic. I included 61 studies (74 estimates) and eight preliminary national estimates. Seroprevalence estimates ranged from 0.02% to 53.40%. Infection fatality rates ranged from 0.00% to 1.63%, corrected values from 0.00% to 1.54%. Across 51 locations, the median COVID-19 infection fatality rate was 0.27% (corrected 0.23%); the rate was 0.09% in locations with COVID-19 population mortality rates less than the global average (<7118 deaths/million), 0.20% in locations with 118–500 COVID-19 deaths/million people and 0.57% in locations with >5000 COVID-19 deaths/million people. In people <70 years, infection fatality rates ranged from 0.00% to 0.31% with crude and corrected medians of 0.05%. -- Professor John Ioannidis of Stanford University in California, a specialist in statistics and epidemiology as well as public health, and at the same time the most quoted scientist in the world. Ioannidis has made many contributions to evidence-based medicine, epidemiology, and clinical research. Ioannidis' paper on "Why Most Published Research Findings are False" has been the most-accessed article in the history of Public Library of Science (over 3 million views in 2020). - The studies carried out by Professor Ioannidis have shown that the mortality of corona is equivalent to that of the seasonal flu -- Infection Fatality Rate of covid-19 Inferred from Seroprevalence Data - <https://www.globalresearch.ca/infection-fatality-rate-covid-19-inferred-seroprevalence-data/5727143> - <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3>

20 May 2020 - IFR 0.26% (CDC) - An important estimate came on May 20, when the Center for Disease Control reported its best estimate was that the virus would kill 0.26 percent of people it infected, or about 1 in 400 people. (The virus would kill 0.4 percent of those who developed symptoms. But about one out of three people would have no symptoms at all, the CDC said.) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#box>)

22 May 2020 - New estimate by CDC reduces COVID-19 death rate to just 0.26% (IFR) from WHO's 3.4% (CFR) - 0.4 % fatality rate among the symptomatic cases, and a projection of 35% of all infected cases remain asymptomatic - For the first time, the US Centers for Disease Control and Prevention (CDC) has given a realistic estimate of the overall death rate for COVID-19, which in its most likely scenario is 0.26%. They estimate a 0.4 % fatality rate among the symptomatic cases. If you consider their projection that 35% of all infected cases remain asymptomatic, the overall infection fatality rate (IFR) drops to just 0.26%. This is almost exactly what the Stanford researchers had projected in April 2020. - <https://in.dental-tribune.com/news/new-estimate-by-the-cdc-brings-down-the-covid-19-death-rate-to-just-0-26-as-against-whos-3-4/> - Click here to read the new estimates published by the CDC on 22 May 2020 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

23 May 2020 - IFR 0.2% - Coronavirus Fact-Check: Infection-Fatality Ratio Update The more data we gather, the more obvious it becomes that early fatality rate estimates were massively exaggerated - The Coronavirus is NOT "20x deadlier" than the flu. That was evident once the early large-scale studies had been done in Germany, Iceland and South Korea. It has only become more so in the weeks since. Far from the 3.4% predicted by the WHO back February, or the 1% used by the Imperial Model, all the serological studies done to this point average out at about 0.2%.

24 May 2020 - IFR 0.3% (CDC) - The CDC's New 'Best Estimate' Implies a covid-19 Infection Fatality Rate Below 0.3%. That rate is much lower than the numbers used in the horrifying projections that shaped the government response to the epidemic. 24 May 2020 - <https://reason.com/2020/05/24/the-cdcs-new-best-estimate-implies-a-covid-19-infection-fatality-rate-below-0-3/>

28 May 2020 - Antibody Tests Point To Lower Death Rate For The Coronavirus Than First Thought - Mounting evidence suggests the coronavirus is more common and less deadly than it first appeared. The evidence comes from tests that detect antibodies to the coronavirus in a person's blood rather than the PCR test commonly used. The tests are finding large numbers of people in the U.S. who were infected but never became seriously ill. And when these mild infections are included in coronavirus statistics, the virus appears less dangerous. "The current best estimates for the infection fatality risk are between 0.5% and 1%," says Caitlin Rivers, an epidemiologist at the Johns Hopkins Center for Health Security. That's in contrast with death rates of 5% or more based on calculations that included only people who got sick enough to be diagnosed with tests that detect the presence of virus in a person's body. - https://www.npr.org/sections/health-shots/2020/05/28/863944333/antibody-tests-point-to-lower-death-rate-for-the-coronavirus-than-first-thought?utm_campaign=npr&utm_source=twitter.com&utm_term=nprnews&utm_medium=social&t=1608564656170

29 May 2020 - German Official Leaks Report Denouncing Corona as 'A Global False Alarm' - Some of the report key passages are: The dangerousness of Covid-19 was overestimated: probably at no point did the danger posed by the new virus go beyond the normal level. The people who die from Corona are essentially those who would statistically die this year, because they have reached the end of their lives and their weakened bodies can no longer cope with any random everyday stress (including the approximately 150 viruses currently in circulation). Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths [every day in Germany] during the influenza wave 2017/18. The danger is obviously no greater than that of many other viruses. There is no evidence that this was more than a false alarm. A reproach could go along these lines: During the Corona crisis the State has proved itself as one of the biggest producers of Fake News. So far, so bad. But it gets worse. The report focuses on the "manifold and heavy consequences of the Corona measures" and warns that these are "grave". Document in german: <https://ichbinandermeinung.de/Dokument93.pdf> - Full article: <https://www.strategic-culture.org/news/2020/05/29/german-official-leaks-report-denouncing-corona-as-global-false-alarm/?fbclid=IwAR04cULKQae57pRnBilY4TO9daS2WcPnFgsejXX1MkhsbXV6g1-Y1u-1ug>

2 June 2020 - Mortality statistics during the pandemic have been within the norms of any given year, meaning the pandemic has not resulted in an excess number of deaths or a death toll higher than normal - All-cause mortality during covid-19: No plague and a likely signature of mass homicide by government response, D. G. Rancourt, Ontario Civil Liberties Association - https://www.researchgate.net/publication/341832637_All-cause_mortality_during_COVID-19_No_plague_and_a_likely_signature_of_mass_homicide_by_government_response

5 June 2020 - IFR 0.26% (PIC) - The Physicians For Informed Consent (PIC) recently published a report titled "Physicians for Informed Consent (PIC) Compares covid-19 to Previous Seasonal and Pandemic Flu Periods." According to them, the infection/fatality rate of covid-19 is 0.26%. You can read more about that and access their resources and reasoning here. 5 June 2020 - <https://physiciansforinformedconsent.org/physicians-for-informed-consent-pic-compares-covid-19-to-previous-seasonal-and-pandemic-flu-periods/>

5 June 2020 - Britain's infection rate peaked on March 18, five days before lockdown -- Did UK's coronavirus crisis peak BEFORE lockdown? Research suggests darkest day of the outbreak was March 18 – five days before draconian measures were introduced (and it happened in Norway too...) Modelling by a mathematician at University of Bristol shows Britain's infection rate peaked on March 18. The calculation is based on data that indicates average Covid-19 victim dies 23 days after being infected. The study throws into question whether Britain's lockdown - imposed on March 23 - was actually needed - <https://www.dailymail.co.uk/news/article-8391141/Did-UKs-coronavirus-crisis-peak-lockdown.html>

16 June 2020 - IFR is 0.6% (Sweedish report) - The infection fatality rate of COVID-19 in Stockholm – Technical report (English) - Our point estimate of the IFR is 0.6%, with a 95% confidence interval of 0.4–1.1%. For the age group 0–69 years, the IFR is 0.1% (c.i. 0.1–0.2%), and for those of age 70 years or older we get an estimate of 4.3% (c.i. 2.7–7.7%). Comparisons between the cases in our estimation sample and those in the rest of Stockholm and Sweden suggest that our results are generalizable. - <https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/t/the-infection-fatality-rate-of-covid-19-in-stockholm-technical-report/>

29 July 2020 - IFR 1% - Philippine Statistic Authority (PSA), the official government center for statistical data in the country, released a bombshell. Yet hardly anyone noticed it. Here is what the PSA data showed. The death figures for January to June 2019 were higher by 49,584 than the deaths for January to June 2020. If we had an epidemic, then the 2020 figures should be reporting higher death figures than 2019. In short, the Philippines had no "excess deaths" in 2020 due to COVID-19 (See Table 1 below). In epidemiology, excess deaths tell us if an outbreak of a disease is serious or not. In a classic case of paradigm blindness, this incredible data did not merit analytical coverage from mainstream media. The latter believe in the epidemic, big-time. This belief makes them ignore information that would question their fear-laden reporting. - It is tempting to assume that some of the historical deaths of 2019 vanished and reappeared in 2020 as COVID-19 deaths. We have repeatedly made the point that we need to distinguish between death FROM and death WITH COVID-19. The latter are deaths due to other illnesses but were labeled COVID-19 deaths. Equally telling, assuming that the tests are accurate, if we still have an epidemic, why is the death rate getting lower and lower? In any event, we go back to the range of phenomena that we have been dealing with above. First, there are no excess deaths. Second, the death rate for COVID-19 has been declining for the past 5 months. Third, the percentage of COVID-19 deaths, while tragic like other deaths, is a mere 1% of all deaths recorded for 2020. With all these, we need to ask. Did we really have an epidemic? Why are more and more repressive measures being put in place? Why all the talk about vaccines as a solution as if people are dying all over the place? If there is no current epidemic, why is government continuing with the strong lockdowns instead of lighter and more precise approaches? Where are we going with all of these? - <https://covidalltohumanity.org/nicanor-perlas-was-there-really-an-epidemic/>

4 August 2020 - IFR 0.5-1% - WHO estimates that Covid-19 has an IFR of 0.5-1% - Serological testing of a representative random sample of the population to detect evidence of exposure to a pathogen is an important method to estimate the true number of infected individuals [7,8,9]. Many such serological surveys are currently being undertaken worldwide [10], and some have thus far suggested substantial under-ascertainment of cases, with estimates of IFR converging at approximately 0.5 - 1% - <https://www.who.int/news-room/commentaries/detail/estimating-mortality-from-covid-19>

6 August 2020 - IFR 0.43% for those younger than 70 years (Italian study) -- Age-specific SARS-CoV-2 infection fatality ratio and associated risk factors, Italy, February to April 2020 - We performed a univariate

analysis and estimated the mean IFR at 10.5% (95% confidence interval (CI): 8.0–13.6) for individuals 70 years and older and at 0.43% (95% CI: 0.21–0.79) for those younger than 70 years (Table 1 and Figure). No deaths were recorded among individuals younger than 50 years. The IFR was higher in men than in women: 14.0% (95% CI: 9.4–19.7) vs 8.3% (95% CI: 5.5–12.1) in subjects 70 years and older and 0.58% (95% CI: 0.21–1.27%) vs 0.31% (95% CI: 0.08–0.78) in younger subjects. - <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.31.2001383>

20 August 2020 - The high infection numbers reported by the Department of Health (DOH) are misleading. It is resulting in all kinds of misplaced, repressive and destructive policies. Farr's Law, a fundamental law in the science of epidemics, advises us that the real indicator to monitor is the death rate. The death rate of the Philippines, with some swings up and down, has been clearly declining for five months. It has moved from a peak of 8.57 percent on March 15, down to 1.65 percent on Aug. 15. (See graph, which is DOH data.) The death figures could actually be lower, since reporting of deaths from new coronavirus disease (COVID-19) has not been accurate. Witness the current Philippine Health Insurance Corp. scandal where there have been financial incentives to report other deaths as COVID-19 deaths. Furthermore, the Philippine Statistics Agency has just released the official death figures for 2019 and the first half of 2020. For the same period of January to June, there were more deaths in 2019 than in 2020. The same is true for the years 2017 and 2018. If we had a virulent epidemic, there would have been more deaths for the same period in 2020. But we have no "excess deaths." The declining death rate and the absence of excess death tell us that the SARS-CoV-2 is not that deadly. A global study shows that COVID-19 is about as deadly as a strong common cold. - This article was published by The Philippine Daily Inquirer on August 20, 2020. See <https://lifestyle.inquirer.net/368963/declining-covid-19-deaths-we-need-vigilance-not-fear/#ixzz6VizGio1e>.

8 October 2020 - IFR 0.14% (WHO) - WHO (Accidentally) Confirms Covid is No More Dangerous Than Flu. Head of Health Emergencies Program "best estimates" put infection fatality rate at 0.14%. 8 October 2020 - <https://off-guardian.org/2020/10/08/who-accidentally-confirms-covid-is-no-more-dangerous-than-flu/>

11 October 2020 - META-ANALYSIS IFR 0.23% (Ioannidis) now published at WHO - John P A Ioannidis study. Infection fatality rate of COVID-19 inferred from seroprevalence data, published in 13 May 2020, now published at WHO - The Infection Fatality rate of COVID-19 is a) roughly 0.23% for the population and b) dramatically different depending on age, dropping to 1 in 33,000 for those aged 0-19 - On October 14, 2020, the World Health Organization published a peer-reviewed study by Stanford's John Ioannidis that reviewed 61 separate studies that estimated the Infection Fatality Rate of COVID-19. What's the answer? 0.23% for everyone, and dramatically lower for anyone under the age of 70. How much lower? - Peer-reviewed meta-analysis - https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

21 October 2020 - WHO's new corona study astonishes even experts: the virus is really that deadly -- <https://newsrmd.com/news/2020-10-21-who-s-new-corona-study-astonishes-even-experts--the-virus-is-really-that-deadly.BJ1usvpDD.html> - The german article: <https://www.merkur.de/welt/who-corona-studie-tote-uebersterblichkeit-infektion-pandemie-zr-90073439.html>

SO, HOW DANGEROUS IS COVID-19? - Total worldwide deaths on average and for all countries have not increased since the declaration of covid19 pandemic. "According to the mortality graphs, for Austria, Bulgaria, Croatia, Czech Republic, Denmark, Germany, Estonia, Finland, Greece, Hungary, Iceland, Israel, Latvia, Lithuania, Luxembourg, Norway, Poland, Portugal, Republic Korea, Slovakia, and Slovenia COVID-19 pandemic is definitely not a "once in 100 years event" but more like a seasonal flu event."

All-cause mortality levels in European countries - EuroMOMO is a European mortality monitoring activity, aiming to detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats. Official national mortality statistics are provided weekly from the 26 European countries in the EuroMOMO collaborative network, supported by the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO), and hosted by Statens Serum Institut, Denmark. - <https://www.euromomo.eu/>

The mortality of covid 19 is not 3.4% as the World Health Organization (WHO) says, nor 1% as US CDC Fauci says. According to these studies the mortality of corona is equivalent to that of the seasonal flu. The infection fatality rate given by these experts and studies are as low as 0.01%, the highest being 0.43%. The most thorough research to date is probably the META-ANALYSIS of Prof. Ioannidis, it was published at WHO webpage the 14th October 2020, the results IFR 0.23%.

SECOND LOCKDOWNS - In September/October many countries worldwide start the second lockdown

What proportion of the population are asymptomatic? 80%-95%

ASYMPTOMATIC CASES - What proportion are asymptomatic? Covid has a high number of asymptomatic and mild symptom cases, some studies from WHO show that up to 80% of all test-positive persons remain symptom-free. According to Dr. Dan Erickson, owner of a chain of Accelerated Urgent Care units: '99.8% of People Get Through This with Little to No Progressive or Significant Disease'

19 February 2020 - Asymptomatic cases 48% - Studies suggest that 48% of the confirmed cases are asymptomatic - Diamond Princess 48% test-positive cases remained completely symptom-free - National Institute of Infectious Diseases Japan - <https://www.niid.go.jp/niid/en/2019-ncov-e/9407-covid-dp-fe-01.html>

19 February 2020 - Asymptomatic cases among 70-79 year olds 60% - Among 70-79 year olds, about 60% remain symptom-free. - <https://www.niid.go.jp/niid/en/2019-ncov-e/9407-covid-dp-fe-01.html>

6 March 2020 - Asymptomatic and mild cases 80% -- WHO - Covid has a high number of asymptomatic and mild symptom cases, according to the WHO about 80%. - While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be different. For covid-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. - <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf>

17 March 2020 - Asymptomatic or mild cases 80% - WHO Q&A: Similarities and differences -- COVID-19 and influenza suggest that 80% of infections are mild or asymptomatic - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#Asymptomatic>

23 March 2020 - Asymptomatic cases 50% to 75% - Vo'Euganeo, 50 km west of Venice, Italian village [2] 50% to 75%—were asymptomatic - Covid-19: identifying and isolating asymptomatic people helped eliminate virus in Italian village - <https://www.bmj.com/content/368/bmj.m1165>

24 March 2020 -- Up to 30% of persons Asymptomatic - In South Korea, nationwide testing, comprehensive isolation of Covid-19 patients and strict rules on social interaction have shown results. <https://www.dw.com/en/up-to-30-of-coronavirus-cases-asymptomatic/a-52900988> and in <https://www.bloomberg.com/news/articles/2020-03-22/one-third-of-coronavirus-cases-may-show-no-symptom-scmp-reports>.

2 April 2020 - Asymptomatic cases 80% - Studies suggest that 80% of the confirmed cases are asymptomatic. According to the British Medical Journal (BMJ) four fifths of cases are asymptomatic - British Medical Journal (BMJ) -- Covid-19: four fifths of cases are asymptomatic, China figures indicate -- New evidence has emerged from China indicating that the large majority of coronavirus infections do not result in symptoms - <https://www.bmj.com/content/369/bmj.m1375>

2 April 2020 - Asymptomatic cases 80% - Up to 80% of all test-positive persons remain symptom-free. - <https://www.bmj.com/content/369/bmj.m1375>

6 April 2020 -- Covid19. Proportions of Asymptomatic.CEBMU.Oxford. Hennegan et al. 2020 - <https://www.cebm.net/covid-19/covid-19-what-proportion-are-asymptomatic/>

13 Apr 2020 - Asymptomatic or mild cases 50% - Iceland 50% of the people who tested positive had no symptoms."

14 April 2020 - Pediatrician says 80% of kids likely have coronavirus, but they're so asymptomatic you'd never know - <https://www.cbsnews.com/news/coronavirus-children-pediatrician-80-percent-asymptomatic/>

20 April 2020 - Asymptomatic cases 81% -- Studies published this week detail asymptomatic cases of the virus, with one finding that 81% of people who tested positive for COVID-19 on a cruise ship did not show symptoms. Passengers on the cruise ship, which left from Argentina in mid-March, were all screened for coronavirus symptoms before boarding for the planned 21-day Antarctic voyage. <https://thorax.bmj.com/content/75/8/693>

20 May 2020 - Over 90% of Covid-19 cases in Michigan treatment center are asymptomatic -

22 May 2020 - CDC estimates that 35% of coronavirus patients don't have symptoms - <https://edition.cnn.com/2020/05/22/health/cdc-coronavirus-estimates-symptoms-deaths/index.html>

27 May 2020 - Up to 80% of COVID-19 Infections Are Asymptomatic, a New Case Report Says - <https://time.com/5842669/coronavirus-asymptomatic-transmission/>

27 May 2020 - Asymptomatic cases 42% -- 42% of a group of infected people in Wuhan, China, were asymptomatic. The patients were either exposed to someone who had the virus or a seafood market that some believe is the origin of the outbreak. Comparison of Clinical Characteristics of Patients with Asymptomatic vs Symptomatic Coronavirus Disease 2019 in Wuhan, China - https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766237?utm_source=For_The_Media&utm_medium=referral&utm_campaign=fm_links&utm_term=052720

17 June 2020 - A new study published in Nature Medicine looked at transmission models to estimate disease susceptibility and gain a deeper understanding of how age relates to coronavirus cases. Researchers found that "clinical symptoms manifest in 21 percent of infections in 10- to 19-year-olds, rising to 69 percent of infections in people aged over 70 years." That means that 79 percent of middle schoolers and teenagers do not show symptoms if they contract the coronavirus. - <https://www.nature.com/articles/s41591-020-0962-9>

27 July 2020 - Asymptomatic and mild cases 99.8% - According to Dr. Dan Erickson, owner of a chain of Accelerated Urgent Care units: '99.8% of People Get Through This with Little to No Progressive or Significant Disease'. Dr. Dan Erickson, owner of Accelerated Urgent Care - <https://www.breitbart.com/politics/2020/07/27/watch-doctor-dispels-coronavirus-fears-99-8-percent-of-people-get-through-this-with-little-to-no-progressive-or-significant-disease/>

8 August 2020 - Asymptomatic cases 40% - Forty percent of people with coronavirus infections have no symptoms. Might they be the key to ending the pandemic? New research suggests that some of us may be partially protected due to past encounters with common cold coronaviruses - <https://www.washingtonpost.com/health/2020/08/08/asymptomatic-coronavirus-covid/>

20 Aug 2020 - Italy's Top Epidemiologist: 90% of New Positive Coronavirus Cases Are Asymptomatic. The president of the Italian Society of Anti-infection Therapy (SITA) said Thursday that over 90 percent of new cases of coronavirus in Italy are asymptomatic, "which means they are not sick." - <https://www.breitbart.com/health/2020/08/20/italys-top-epidemiologist-90-of-new-positive-coronavirus-cases-are-asymptomatic/>

10 September 2020 - Asymptomatic cases 40% -- Proportion of coronavirus infections that have no symptoms 40% - CDC - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

3 November 2020 - Asymptomatic or mild cases among children 94% - Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease - Among children in China, illness severity was lower with 94% having asymptomatic, mild or moderate disease. - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#Asymptomatic>

14 November 2020 - Asymptomatic and mild cases 95% - Over 95% of all persons develop at most moderate symptoms - The US CDC found that Covid-19 hospitalization rates for people aged 65 and over are "within ranges of influenza hospitalization rates", with rates slightly higher for people aged 18 to 64 and "much lower" (compared to influenza) for people under 18. - <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

16 November 2020 - Many military Covid-19 cases show no symptoms, new reports find - <https://edition.cnn.com/2020/11/11/health/military-covid-19-outbreaks-nejm-studies-wellness/index.html>

4 December 2020 - Asymptomatic People Do Not Spread COVID-19 - Analysis by Dr. Joseph Mercola Fact Checked - A vast majority of those testing positive for SARS-CoV-2 are asymptomatic. They simply aren't

sick. The PCR test is merely picking up inactive (noninfectious) viral particles - In one study, which looked at pregnant women admitted for delivery, 87.5% of the women who tested positive for the presence of SARS-CoV-2 had no symptoms - <https://articles.mercola.com/sites/articles/archive/2020/12/04/do-asymptomatic-people-spread-coronavirus.aspx>

Herd Immunity - Up to 60% of all persons may already have background immunity

Herd immunity - building immunity to Covid-19 - Up to 60% of all persons may already have a certain cellular background immunity to Covid-19 due to contact with previous coronaviruses (i.e. common cold viruses) - The Herd Immunity Threshold ("H.I.T.") for COVID is 10-20%, not the 60-70% often quoted in the mainstream media

24 March 2020 - Significant levels of herd immunity in the UK - Professor of Theoretical Epidemiology at the University of Oxford - Fundamental principles of epidemic spread highlight the immediate need for large-scale serological surveys to assess the stage of the SARS-CoV-2 epidemic. 24 March 2020 - <https://www.medrxiv.org/content/10.1101/2020.03.24.20042291v1>

10 April 2020 - 'What is Herd Immunity and How Can We Achieve it With COVID-19?', School of Public Health Expert Insights, Johns Hopkins Bloomberg School of Public Health, April 10th. Available at: <https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html> D'Souza, G., Dowdy

10 April 2020 - In German Town of Gangelt, Blood Samples Show 14% Residents Now Immune to Covid-19 - <https://www.news18.com/news/world/in-german-town-of-gangelt-blood-samples-of-residents-show-14-now-immune-to-covid-19-report-2572279.html>

17 April 2020 - News headlines have touted the idea based on blood tests that 20 percent of some New York communities might be immune, 7.3 percent in Stockholm, 7.1 percent in Barcelona. Those numbers come from looking at antibodies in people's blood that typically develop after they are exposed to a virus. But scientists believe another part of our immune system — T cells, a type of white blood cell that orchestrates the entire immune system — could be even more important in fighting against the coronavirus. One of the first peer-reviewed studies on the coronavirus and T cells was published in mid-May in the journal Cell by Alessandro Sette, Shane Crotty and others at the La Jolla Institute for Immunology near San Diego. The researchers were floored to find that in 40 to 60 percent of the old samples, the T cells seemed to recognize SARS-CoV-2. "The virus didn't even exist back then, so to have this immune response was remarkable," Sette said. Research teams from five other locations reported similar findings. In a study from the Netherlands, T cells reacted to the virus in 20 percent of the samples. In Germany, 34 percent. In Singapore, 50 percent. Sette and others from the team reported new research in Science providing evidence the T cell responses may derive in part from memory of "common cold" coronaviruses. Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans - <https://science.sciencemag.org/content/370/6512/89> - Germany, T cells reacted to the virus in 34 percent of the samples <https://www.medrxiv.org/content/10.1101/2020.04.17.20061440v1.full.pdf>

22 April 2020. - Presence of SARS-CoV-2 reactive T cells in COVID-19 patients and healthy donors - <https://archive.vn/AQw9k#selection-357.0-357.79>

29 April 2020 - Delaying herd immunity is costing lives. The current lockdown is protecting the healthy instead of the vulnerable - <https://www.spiked-online.com/2020/04/29/delaying-herd-immunity-is-costing-lives/>

14 May 2020 - Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals - [https://www.cell.com/cell/fulltext/S0092-8674\(20\)30610-3#XtUNRAVzFA.twitter](https://www.cell.com/cell/fulltext/S0092-8674(20)30610-3#XtUNRAVzFA.twitter)

14 May 2020 - Up to 60% of all persons may already have a certain cellular background immunity to Covid-19 due to contact with previous coronaviruses (i.e. common cold viruses). The initial assumption that there was no immunity against Covid-19 was not correct. - [https://www.cell.com/cell/fulltext/S0092-8674\(20\)30610-3](https://www.cell.com/cell/fulltext/S0092-8674(20)30610-3)

12 Jun 2020 - Common cold give covid-19 immunity lasting up to 17 years - <https://www.sciencetimes.com/articles/26038/20200612/common-cold-give-covid-19-immunity-lasting-up-17-years.htm>

17 June 2020 - Before Catching Coronavirus, Some People's Immune Systems Are Already Primed to Fight It - <https://archive.vn/b4UZq>

15 July 2020 - SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls - <https://www.nature.com/articles/s41586-020-2550-z>

21 July 2020 - Are we already immune to coronavirus? – Professor Sunetra Gupta. A quote: What I didn't anticipate was that some of our responses to previous exposure to seasonal coronaviruses might actually protect us from infection. It's one thing to get infected and not ill, but what the new studies are showing is that people are actually fighting off infection. So at an even more basic level, the pre-existing antibodies or T-cell responses against coronaviruses seem to protect against infection, not just the outcome of infection. Coronavirus: Immunity may be more widespread than tests suggest. - Professor Sunetra Gupta, a theoretical epidemiologist at Oxford University, discusses her recent study on the herd immunity threshold, as well as her views on the social costs of lockdown, the inaccuracy of epidemiological models, and the curtailment of academic debate. <https://www.bbc.com/news/health-53248660>

24 July 2020 - The Herd Immunity Threshold ("H.I.T.") for COVID is 10-20%, not the 60-70% often quoted in the mainstream media - COVID has already reached herd immunity in most of Europe, and WHY we're almost done here in the U.S., too. Here's one paper, Herd immunity thresholds for SARS-CoV-2 estimated from unfolding epidemics. Their conclusion: Our inferences result in herd immunity thresholds around 10-20% ... these findings have profound consequences for the governance of the current pandemic given that some populations may be close to achieving herd immunity despite being under more or less strict social distancing measures. <https://www.medrxiv.org/content/10.1101/2020.07.23.20160762v1.full.pdf>

28 July 2020 - Sweden Unveils 'Promising' Covid-19 Data as New Cases Plunge - <https://www.bloomberg.com/news/articles/2020-07-28/sweden-unveils-promising-covid-19-data-as-new-cases-plunge>

14 August 2020 - Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19 - [https://www.cell.com/cell/fulltext/S0092-8674\(20\)31008-4](https://www.cell.com/cell/fulltext/S0092-8674(20)31008-4)

21 August 2020 - Sweden - No lockdown, no masks, no hysteria... NO PROBLEM: Sweden didn't go into a corona coma - and it's living in glorious normality. Now DOMINIC SANDBROOK asks: Is this proof we got it all terribly wrong? - <https://www.dailymail.co.uk/debate/article-8652523/No-lockdown-no-hysteria-DOMINIC-SANDBROOK-asks-Sweden-proof-got-terribly-wrong.html>

24 Aug 2020 - The role of the human microbiome in boosting the human immune system. microbiome Authors of the second paper, Praveen Kumar and Bal Chander from Dr. Rajendra Prasad Government Medical College suggest that countries with higher population which are exposed to a diversity of microbes had what is called "gram-negative bacteria". These bacteria are responsible for some infectious diseases and infections such as pneumonia and skin infections, but are also believed to produce an antiviral cytokine called interferon, which protects cells against SARS-CoV-2. 24 Aug 2020 - COVID 19 mortality: Probable role of microbiome to explain disparity - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444648/>

26 Aug 2020 - WHO says it's rare, but possible, that people who have recovered from the coronavirus can get it again. Are you immune from coronavirus after recovering from COVID-19? Yes. There are only a handful of cases in the world of someone becoming infected with coronavirus a second time. It is not yet known for how long the immunity will last. WHO says it's rare, but possible, that people who have recovered from the coronavirus can get it again, CNBC - <https://www.cnbc.com/2020/08/26/who-says-its-rare-but-possible-people-who-recovered-from-the-coronavirus-can-get-it-again.html>

4 Sept. 2020 - Study Common cold may help prevent flu perhaps -- https://www.upi.com/Health_News/2020/09/04/Study-Common-cold-may-help-prevent-flu-perhaps-COVID-19/7341599247443/

4 September 2020 - Interference between rhinovirus and influenza A virus: a clinical data analysis and experimental infection study - [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(20\)30114-2/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(20)30114-2/fulltext)

30 September 2020 - SARS-CoV-2-derived peptides define heterologous and COVID-19-induced T cell recognition - <https://www.nature.com/articles/s41590-020-00808-x>

6 October 2020 - Chief Science Officer for Pfizer Says "Second Wave" Faked on False-Positive COVID Tests, "Pandemic Is Over" -- <https://thehuntingtonian.com/2020/10/06/chief-science-officer-for-pfizer-says-second-wave-faked-on-false-positive-covid-tests-pandemic-is-over/>

13 October, 2020 - Sweden chose to go for herd immunity - No Hard Lockdowns, Masks, Or Social Distancing and One of the Lowest COVID-19 Fatality Rate in Europe -- <https://summit.news/2020/10/13/swedish-health-chief-said-covid-avoided-lockdown-to-prevent-pandemic-fatigue/>

1 November 2020 - Paper written by Indian scientists suggest that low hygiene, lack of clean drinking water, and unsanitary conditions may have actually saved many lives from COVID-19 complications. High income countries had higher COVID-19 mortality. The mortality due to COVID-19 in different nations is associated with the demographic character of nations and the prevalence of autoimmunity. 1 November 2020 - <https://www.medrxiv.org/content/10.1101/2020.07.31.2016596v2.full>

18 November 2020 - Coronavirus immunity could last more than 6 months, possibly years: study - In the ongoing debate of how long those who have recovered from a COVID-19 infection could have immunity against the novel coronavirus, a new study — which is said to be the most comprehensive to date — offers an encouraging answer. In a study published to the pre-preprint server bioRxiv on Monday, researchers said that immunity against SARS-CoV-2, the virus that causes a COVID-19 infection, could last for at least six months, or it could be longer, perhaps a matter of years. The study, which has not yet been peer reviewed or published in a scientific journal, was conducted by scientists at the La Jolla Institute of Immunology in California and the Icahn School of Medicine at Mount Sinai in New York. Researchers analyzed various aspects of immunity, including antibodies, B cells and two types of T cells. T cells respond to a foreign invader such as a virus but are different from antibodies and are thought to provide immunity against the coronavirus for a longer period of time. Article from Fox News. <https://www.foxnews.com/health/coronavirus-immunity-6-months-possibly-years-study> -- BioRxiv is an online archive and distribution service for unpublished preprints in the life sciences. Operated by Cold Spring Harbor Laboratory, a not-for-profit research and educational institution. Authors are able to make their findings immediately available to the scientific community and receive feedback on draft manuscripts before they are submitted to journals. - Documentation of study. <https://www.biorxiv.org/content/10.1101/2020.11.15.383323v1.full.pdf>

2 November 2020 - Coronavirus: Are Indians more immune to Covid-19? - <https://www.bbc.com/news/world-asia-india-54730290>

It's nothing like the threat to each of that we first feared, and that we can get herd immunity and are close to it - Addresses the three myths of covid19: She says we can't keep it out, it's nothing like the threat to each of that we first feared, and that we can get herd immunity and are close to it. There is natural resistance to Covid19 from previous infections. Costs of lockdowns are delayed but more costs Advocates a careful form of the Swedish model. Accuses developed world of abandoning its 'social contract' with the developing world, by closing down borders, trade and interaction. Prof. Sunetra Gupta, Professor of Theoretical Epidemiology, University of Oxford. - <https://www.covidplan.co.nz/our-posts/covid-19-science-and-policy-symposium-written-summary/>

New Zealand is taking the "hiding" option. If there is no exposure, there can be no immunity. Gain herd immunity in a controlled way using voluntary measures based on personal health indicators. Dr David Katz, Medical Doctor and Preventive Medicine Specialist, New York. The Covid-19 Science and Policy Symposium (17 August 2020), a Zoom webinar, bringing together nine international and national experts to analyse the latest science and New Zealand's response to the virus. - <https://www.covidplan.co.nz/our-posts/covid-19-science-and-policy-symposium-written-summary/>

Immune System - The obvious first step of boosting the immune system with inexpensive vitamins A, C & D or using the hydroxychloroquine protocol as reported successfully in France, New York and elsewhere. Immune System <https://www.youtube.com/watch?v=GrWFWdNk5qQ> - Dr Berg - Immune System and Vit D <https://www.youtube.com/watch?v=ZRwts0iztVs> - Dr Buttar on Covid-19 https://www.youtube.com/watch?v=8yK3uXjp_hQ

How infectious is covid 19? - Up To 90% Of People Who Test Positive For COVID-19 No Longer Contagious

Infectiousness - Up To 90% Of People Who Test Positive For COVID-19 No Longer Contagious, 'Don't Need To Isolate' - 'No evidence' that asymptomatic Covid-19 cases were infectious

13 May 2020 - Asymptomatic carriers may not be as infectious as we once thought - Study shows low infectivity of some asymptomatic SARS-COV-2 carriers - A new study published by the Respiratory Medicine journal, researchers found that some asymptomatic carriers may not be as infectious as we once thought. The published study focuses on one 22-year old female with a history of congenital heart disease (referred to in the study as Case A). The patient has been experiencing shortness of breath for the past 16 years, but states that the condition worsened in one month, which led her to seek for medical treatment. She tested positive for SARS-COV-2. She was soon transferred to a quarantine ward, and all 455 individuals who were in contact with her were also quarantined. By looking at the medical history study showed that none of the 455 individuals who came in contact with Case A was infected with SARS-COV-2. - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/>

31 Aug 2020 - Up To 90% Of People Who Test Positive For COVID-19 No Longer Contagious, 'Don't Need To Isolate' - <https://www.dailywire.com/news/ny-times-up-to-90-of-people-who-test-positive-for-covid-19-no-longer-contagious-dont-need-to-isolate>

20 November 2020 - 'No evidence' that asymptomatic Covid-19 cases were infectious, analysis of post-lockdown Wuhan concludes - <https://www.rt.com/news/507402-wuhan-asymptomatic-cases-coronavirus-study/> --- <https://www.nature.com/articles/s41467-020-19802-w>

Hospital overloads? - What really happened at the epicenters?

China - First, far more cases are out there than are being reported, because many cases have no symptoms, the vast majority mild or asymptomatic. Second, the Hubei outbreak, by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season. - Four fifths of cases are asymptomatic, China figures indicate - Everybody has kind of moved on from the whole Wuhan stuff-up in China. - 2 November, Chinese Revelers Party in Wuhan Nightclub While Rest of Europe Enters Second Lockdown -

18 February 2020 - Coronavirus: China reports lowest number of new cases since January - Chinese health officials are optimistic as the number of new cases of COVID-19 has tentatively stabilized. Health experts think the disease could be less deadly, with many people only showing mild symptoms. A report published by the Chinese Center for Disease Control and Prevention on Monday said that 80% of those infected had mild symptoms, with the risk of death increasing with age and for those with pre-existing health conditions. - <https://www.dw.com/en/coronavirus-china-reports-lowest-number-of-new-cases-since-january/a-52412450>

26 February 2020 - On 25 February, the number of newly confirmed cases outside mainland China passed those from within for the first time. - <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---26-february-2020> - "WHO Director-General's opening remarks at the mission briefing on COVID-19 – 26 February 2020". World Health Organization. 26 February 2020.

9 March 2020 - First, far more cases are out there than are being reported, because many cases have no symptoms, the vast majority mild or asymptomatic. Second, the Hubei outbreak, by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season --- Strictly by the numbers, the coronavirus does not register as a dire global crisis - Richard Schabas, retired physician. Ontario's chief medical officer of health for 10 years, and was chief of staff at York Central Hospital during the SARS crisis in 2003. A couple of important caveats: First, far more cases are out there than are being reported. This is because many cases have no symptoms and testing capacity has been limited. There have been about 100,000 cases reported to date, but, if we extrapolate from the number of reported deaths and a presumed case-fatality rate of 0.5 per cent, the real number is probably closer to two million – the vast majority mild or asymptomatic. Second, the Hubei outbreak – by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season. That's not nothing, but it's not catastrophic, either, and it isn't likely to overwhelm a competent health-care system. Not even close. We also need to be sensible. Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay calm and carry on. Let's not make our attempted cures worse than the disease. March 9, 2020 - <https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire/>

20 March 2020 - Japan was expecting a coronavirus explosion. Where is it? - Japan was one of the first countries outside of China hit by the coronavirus and now it's one of the least-affected among developed nations. That's puzzling health experts. - <https://www.japantimes.co.jp/news/2020/03/20/national/coronavirus-explosion-expected-japan/>

2 April 2020 - Four fifths of cases are asymptomatic, China figures indicate - British Medical Journal (BMJ) -- New evidence has emerged from China indicating that the large majority of coronavirus infections do not result in symptoms - <https://www.bmj.com/content/369/bmj.m1375>

6 June 2020 - IFR (Infection Fatality Rate) as high as 12% in the epicenter of the epidemic and 1% in other, more mildly affected area - The CDC released one report in February stating the rate varies between 12% and 1%: Since December 2019, when the first case of coronavirus disease (COVID-19) was identified in the city of Wuhan in the Hubei Province of China, the epidemic has generated tens of thousands of cases throughout China. As of February 28, 2020, the cumulative number of reported deaths in China was 2,858. We estimated the time-delay adjusted risk for death from COVID-19 in Wuhan, as well as for China excluding Wuhan, to assess the severity of the epidemic in the country. Our estimates of the risk for death in Wuhan reached values as high as 12% in the epicenter of the epidemic and 1% in other, more mildly affected areas. The elevated death risk estimates are probably associated with a breakdown of the healthcare system, indicating that enhanced public health interventions, including social distancing and movement restrictions, should be implemented to bring the COVID-19 epidemic under control. - https://wwwnc.cdc.gov/eid/article/26/6/20-0233_article

25 September 2020 - China comes out of COVID-19 'absolutely laughing' - An Aussie journalist who fled China says the difference between what you hear about COVID-19 there compared to elsewhere is unfathomable. "Everybody has kind of moved on from the whole Wuhan stuff-up in China ... the coverage has been shaped ... to a narrative controlled by the party. "On the ground, China has absolutely smashed COVID." Mr Birtles said the government had almost eliminated domestic transmission among a population of 1.4 billion people, compared to countries like India, the US and Brazil, which was an "extraordinary achievement". - <https://www.news.com.au/world/coronavirus/china-comes-out-of-covid19-absolutely-laughing/news-story/e290b19533817fd277a16f8ad9be12fb>

2 November, 2020 - Chinese Revelers Party in Wuhan Nightclub While Rest of Europe Enters Second Lockdown - <https://summit.news/2020/11/02/chinese-revelers-party-in-wuhan-nightclub-while-rest-of-europe-enters-second-lockdown/>

Italy - Italian death toll figures could have been artificially inflated by up to 88% - - Italy has the highest percentage of "population is over 65 years" old in Europe, the deceased, 94% of the total were over 65 years old. 96% of Virus Fatalities Suffered From Other Illnesses. Average Age of Italians Who Have Died From Coronavirus is 81! - 9 out of 10 deaths in Lombardy were not hospitalized for COVID-19 - 99% of Those Who Died From Virus Had Other Illness, Italy Says

7 March 2020 - Average Age of Italians Who Have Died From Coronavirus is 81! - The Italian health institute said the average age of those who have died was 81, with the majority suffering from underlying health problems. An estimated 72% of all those who have died were men. According to government data, 4.25% of individuals confirmed to have the coronavirus in Italy have died, the highest rate in the world. The country has one of the world's oldest populations. - <https://www.bbc.com/news/world-europe-51777049>

7 March 2020 - 99% of the coronavirus deaths in Italy are people 60-years-old and older -- The Italian government released numbers on the coronavirus last week. There were 1,809 new cases of the deadly disease reported in Italy on Sunday. The Italian government also recently released the percentage of deaths by age group. 90+ years old: 6% of deaths. 80 – 89 years old: 42% of deaths. 70 – 79 years old: 35% of deaths. 60 – 69 years old: 16% of deaths. 99% of the coronavirus deaths in Italy are people 60-years-old and older. - https://youtu.be/Q-ES_lh5p1c

17 March 2020 - Characteristics of COVID-19 positive deceased patients in Italy as of 17 March 2020 - 67/5000, Epidemiology for Public Health Italy (Italian) - https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_17_marzo_v2.pdf

18 March 2020 - 99% of Those Who Died From Virus Had Other Illness, Italy Says - <https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says>

20 March 2020 - 9 out of 10 deaths in Lombardy were not hospitalized for COVID-19 (Italian) - <http://www.quotidianoitalia.it/in-lombardia-9-morti-su-10-mai-giunti-in-terapia-intensiva/>

20 March 2020 - Why have so many coronavirus patients died in Italy? only 12 per cent of death certificates have shown a direct causality from coronavirus - Citing the research, which found no clear covid-19 cause of death in 88% of deaths attributed to coronavirus, the scientific adviser to Italy's minister of health, Professor Walter Ricciardi, said: "The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus. On re-evaluation by the National Institute of Health, only 12 per cent of death certificates have shown a direct causality from coronavirus." - <https://www.telegraph.co.uk/global-health/science-and-disease/have-many-coronavirus-patients-died-italy/> - Characteristics of covid-19 patients dying in Italy - Report based on available data on March 20th, 2020 - ISS.it (translated: Superior Institute of Health) - https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_20_marzo_eng.pdf

20 March 2020 "I want you to remember these people died WITH the coronavirus and not FROM the coronavirus", Italian death toll figures could have been artificially inflated by up to 88% - The president of the Italian Civil Protection Service actually went out of his way to remind people of the nature of Italy's fatality figures in a morning briefing on 20/03: I want you to remember these people died WITH the coronavirus and not FROM the coronavirus". What does this actually mean? It means that the Italian death toll figures could have been artificially inflated by up to 88%. If true, this would mean the total number of Italians who have actually died of covid-19 could be as low as ~700. Which would bring Italy, currently a statistical outlier in terms of Covid19 fatalities, well in line with the rest of the world. - Video (Italian) <https://www.youtube.com/watch?v=0M4kPDHGR0&feature=youtu.be&t=210>

10 April 2020 - Italy has the highest percentage of "population is over 65 years" old in Europe, the deceased, 94% of the total were over 65 years old (Italian Report) -- Report on COVID-19 and Long-Term Care in Italy: lessons learned from an absent crisis management - Italy has been one of the most affected countries in the world, as testified by the numbers of confirmed deaths and positive cases throughout its borders. In this contingency situation, Italy's demographic pattern appears as particularly critical: 23% of the entire population is over 65 years old (Istat, 2019) – the highest percentage in Europe – which means that almost one-fourth of the country's entire population is currently the most fragile and exposed to virus lethality. As of April, 2nd in fact, 13,661 of the C COVID-19 related deceased were over 65 years old (94% of the total) (most recent official available data). Of that 23% over 65 in the total population (that equals 13,882,800 individuals), 2.9 million are estimated to be not self-sufficient and, thus, require either the presence of a care giver or access to LTC services (Berloto et al. 2019). April 10, 2020 - https://lccovid.org/2020/04/10/report-on-covid-19-and-long-term-care-in-italy-lessons-learned-from-an-absent-crisis-management/#_ftn1

20 April 2020 - High levels of air pollution may be "one of the most important contributors" to deaths - The heavily polluted northern Italian city and the surrounding region have been hard hit by the coronavirus outbreak. High levels of air pollution may be "one of the most important contributors" to deaths from Covid-19, according to research. The analysis shows that of the coronavirus deaths across 66 administrative regions in Italy, Spain, France and Germany, 78% of them occurred in just five regions, and these were the most polluted. <https://www.theguardian.com/environment/2020/apr/20/air-pollution-may-be-key-contributor-to-covid-19-deaths-study>

26 May 2020 - Italy Says 96% of Virus Fatalities Suffered From Other Illnesses - The median age of the deceased in most countries (including Italy) is over 80 years (e.g. 86 years in Sweden) and only about 4% of the deceased had no serious preconditions. <https://www.bloomberg.com/news/articles/2020-05-26/italy-says-96-of-virus-fatalities-suffered-from-other-illnesses>

19 November 2020 - Faulty guidance and bureaucratic delays rendered the toll far worse than it had to be - The northern Italian province became one of the deadliest killing fields for the virus in the Western world. But a Times investigation found that faulty guidance and bureaucratic delays rendered the toll far worse than it had to be. - <https://www.nytimes.com/2020/11/29/world/europe/coronavirus-bergamo-italy.html>

New York Epicenter - Malpractice occurred in some New York hospitals, where all suspected COVID-19 patients were placed on mechanical ventilation, which turned out to be a death sentence. More than two-thirds of the patients hooked to ventilators died. - Epicenter Nurse, Patients are being intentionally killed for the COVID bonus money, says epicenter nurse

6 May 2020 -COVID19: Are ventilators killing people? Intubation and ventilation were billed as the only way to treat Covid19 patients in the early days of the outbreak, but now some medical professionals are questioning the practice. <https://off-guardian.org/2020/05/06/covid19-are-ventilators-killing-people/>

6 May 2020 - Negligent doctors misplacing ventilator tubes and giving unnecessary defibrillation -- Nevada nurse who came to NYC to work on the coronavirus frontlines claims minority patients are being murdered by negligent doctors misplacing ventilator tubes and giving unnecessary defibrillation, but 'nobody cares' - An ICU nurse in New York City spoke out in a tearful video about the mismanagement and medical negligence at city hospitals. 'They're not dying of COVID,' nurse Nicole Sirotek said. 'I am literally saying they're murdering these people and nobody cares because they're all minorities'. Sirotek, 37, told of one patient who died while waiting for an X-ray because her warning that the anesthesiologist had misplaced a ventilator tube was ignored. She described how a resident doctor defibrillated a patient with an already beating heart and a nurse who placed a feeding tube into a patient's lungs - Dailymail <https://www.dailymail.co.uk/news/article-8290251/NYC-nurse-claims-coronavirus-patients-literally-murdered.html> - Heavy.com - <https://heavy.com/news/2020/05/nicole-sirotek/> - Video <https://www.bitchute.com/video/ikwfuyrWTZO/>

29 May 2020 - For so many sick COVID-19 patients, getting attached to a mechanical ventilator was a death sentence. More than two-thirds of the patients hooked to ventilators died -- New York's largest hospital system is conducting a sweeping analysis of its use of ventilators while treating coronavirus patients during the peak of the pandemic. The study comes as experts have raised concerns that an over-reliance on the machines may have actually cost lives. For so many sick COVID-19 patients, getting attached to a mechanical ventilator was a death sentence. More than two-thirds of the patients in Northwell Health facilities hooked to ventilators died in March and early April and the fatality rate was similar at other hospitals. - <https://nypost.com/2020/05/29/northwell-health-probing-use-of-ventilators-for-covid-patients/>

13 June 2020 - New York, Elmhurst - Epicenter Nurse, Patients are being intentionally killed for the COVID bonus money, says epicenter nurse - The pandemic hit New York harder than any other state. Elmhurst was one of the epicenters of the virus within New York City. Epicenter Nurse, Erin Marie Olszewski is a Nurse-turned-investigative journalist, who has spent the last few months on the frontlines of the coronavirus pandemic, on the inside in two radically different settings. Two hospitals. One private, the other public. One in Florida, the other in New York. And not just any New York public hospital, but the "epicenter of the epicenter" itself, the infamous Elmhurst in Donald Trump's Queens. As a result of these diametrically opposed experiences, she has the ultimate "perspective on the pandemic". She has been where there have been the most deaths attributed to Covid-19 and where there have been the least. Shocking video from a nurse at NYC's Elmhurst hospital claiming that patients are being intentionally killed for the COVID bonus money - -- Undercover nurse: NY hospital didn't properly isolate coronavirus patients - <https://www.foxnews.com/media/undercover-nurse-ny-hospital-isolate-coronavirus-patients>

6 September 2020 - New York - Malpractice that occurred in some New York hospitals, where all suspected COVID-19 patients were placed on mechanical ventilation, which turned out to be a death sentence. - <https://articles.mercola.com/sites/articles/archive/2020/09/06/coronavirus-nyc-elmhurst-hospital-erin-olszewski.aspx>

The Truth Behind "Refrigerated Morgue Truck" Stories - bodies that would normally have been picked up by funeral parlors are not being picked up, and so these bodies are accumulating at hospitals. We started putting bodies in the morgue truck last week. And it's been used a lot.

Spain, Madrid - The Truth Behind "Refrigerated Morgue Truck" Stories — Or How to Manufacture Mass Hysteria by Burying the Details - By now, everyone has seen the stories about the "refrigerated morgue trucks" and "ice rink morgues in Madrid." If you dig down into some of those stories, you will discover a rather mundane, but perfectly understandable explanation for these improvised morgues, namely ... bodies that would normally have been picked up by funeral parlors are not being picked up (because many funeral parlors are not operating normally due to the lockdown, or because it is difficult for grieving families to make arrangements given the current level of hysteria), and so these bodies are accumulating at hospitals. "The Madrid municipal funeral service, a major provider in the city, announced in a statement on Monday it would stop collecting the bodies of Covid-19 victims, because its workers don't have sufficient protective material. The service manages 14 cemeteries, two funeral parlors and two crematoriums in Madrid. The funeral service said that cremations, burials and other services for coronavirus victims would continue as normal, but only if the bodies are 'sent by other funeral services businesses in a closed coffin.'" — CNN - "We started putting bodies in the morgue truck last week. And it's been used a lot. A lot. I think there's around 40 bodies in there now. The funeral homes are having trouble keeping up a bit. So it's not like ten people died and people go off to the funeral home." — NEW YORK MAGAZINE. 9 April 2020 - <https://www.globalresearch.ca/truth-behind-refrigerated-morgue-truck-stories/5711475>

Sweden's "Dry Tinder" Accounts for Many Covid-19-deaths - The "tinder" metaphor is that more forest fires this year can be explained by fewer fires in previous years. Dry tinder accumulated, awaiting a spark. Sweden had a remarkably mild flu season in 2018/19 and 2019/20.

Sweden - Sweden's "Dry Tinder" Accounts for Many Covid-19-deaths - Compared to other countries, Sweden had a soft mandatory lockdown. Sweden also experienced a high death toll compared to other Nordic countries. The high death toll has been attributed to the soft lockdown, but Sweden had a remarkably mild flu season in 2018/19 and 2019/20. Many vulnerable souls who normally would have died of the flu survived to April 2020 and, then, sadly died from Covid-19 instead. This buildup of a stock of vulnerable persons has been called "dry tinder." The "tinder" metaphor is that more forest fires this year can be explained by fewer fires in previous years. Dry tinder accumulated, awaiting a spark. - <https://www.aier.org/article/sweden-dry-tinder-accounts-for-many-covid-19-deaths/>

Hospital overload - Almost no hospitals were "overwhelmed" during 2020 - NHS hospitals have four times more empty beds than normal - Thousands of US medical workers furloughed, laid off as routine patient visits drop during coronavirus pandemic.

13 April 2020 - NHS hospitals have four times more empty beds than normal - Tens of thousands of NHS hospital beds remain unoccupied amid the coronavirus crisis — about four times the normal number — due to huge ongoing efforts to free up space, and a slowdown in admissions from other causes. <https://www.bjsj.co.uk/acute-care/nhs-hospitals-have-four-times-more-empty-beds-than-normal/7027392.article>

26 April 2020 - Thousands of US medical workers furloughed, laid off as routine patient visits drop during coronavirus pandemic - Stanford hospital system to cut pay 20%, furlough workers during coronavirus pandemic - as the health system temporarily closes some services and reschedules nonessential surgeries, procedures or diagnostic testing. "The closures have allowed the health system to protect our patients and employees and focus care on those who need it most," hospital officials said in a statement. - <https://eu.usatoday.com/story/news/health/2020/04/02/coronavirus-pandemic-jobs-us-health-care-workers-furloughed-laid-off/5102320002/>

7 May 2020 - Almost no American hospitals were actually "overwhelmed" during 2020. In April alone, 1.4 million health care workers were furloughed because the hospitals were empty. In May NPR reported on those field hospitals that were assembled to take care of the surge of people who were supposed to appear: "U.S. Field Hospitals Stand Down, Most Without Treating Any COVID-19 Patients." - <https://choice.npr.org/index.html?origin=https://www.npr.org/2020/05/07/851712311/u-s-field-hospitals-stand-down-most-without-treating-any-covid-19-patients>

Those most affected are 80 years old and up. How do we know if these people died of covid-19 or of old age? - Compare the "Median Age of death from coronavirus" with "Life Expectancy statistics" and yearly "excess mortality statistics" any difference?

The Median Age of death from coronavirus is 80 years and up - How do we know if these people died of covid-19 or of old age? - "The age and risk profile of deaths thus essentially corresponds to normal mortality", Martin Posch, Center for Medicin Statistics - Median age of death from COVID-19 in Italy: 80 years. - Median age of death from COVID-19 in the United States: 78 years. - Median age of death from COVID-19 in Canada: 84 years. - Median age of death from COVID-19 in Germany: 82 years. - Median age of death from COVID-19 in UK: 82 years. - Median age of death from COVID-19 in Scotland: 83 years --- Compare "Median Age of death from coronavirus" with the "Life Expectancy statistics" of your country, the measure of the average time people are expected to live, any difference?

7 March 2020 - Average Age of Italians Who Have Died From Coronavirus is 81! - The Italian health institute said the average age of those who have died was 81, with the majority suffering from underlying health problems. An estimated 72% of all those who have died were men. According to government data, 4.25% of individuals confirmed to have the coronavirus in Italy have died, the highest rate in the world. The country has one of the world's oldest populations. - <https://www.bbc.com/news/world-europe-51777049>

7 April 2020 - "The age and risk profile of deaths thus essentially corresponds to normal mortality", Martin Posch, Center for Medicin Statistics - Analyse zeigt: Covid-19-Opferkurve entspricht "normaler" Mortalität. Mehr als 240 Menschen sind bisher in Österreich an Covid-19 gestorben. Martin Posch vom Zentrum für Medizinische Statistik der MedUni Wien und sein Team haben erstmals die Alters- und Geschlechterverteilung analysiert. Fazit: Die Covid-19-Opferkurve entspricht in Österreich etwa der "normalen" Mortalität bei Männern und Frauen in den einzelnen Altersklassen. Zwei Drittel der Opfer sind Männer. (German) - <https://www.vienna.at/analyse-zeigt-covid-19-opferkurve-entspricht-normaler-mortalitaet/6581246>

24 April 2020 - Median age of death from COVID-19 in Canada: 84 years - How focusing on the age of pandemic victims could blind us to the bigger picture, CBC - <https://www.cbc.ca/news/politics/covid19-elderly-deaths-1.5542967>

3 July 2020 - Median age of death from COVID-19 in Italy: 80 years - Comparing SARS-CoV-2 with SARS-CoV and influenza pandemics, The Lancet - [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30484-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30484-9/fulltext)

17 July 2020 - Median age of death from COVID-19 in the United States: 78 years - Characteristics of Persons Who Died with COVID-19 — United States, February 12–May 18, 2020 - <https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm>

21 July 2020 - Median age of death from COVID-19 in Scotland: 83 years - Daily Mail UK - <https://www.dailymail.co.uk/news/article-8470843/The-average-Covid-19-victim-OLDER-age-people-usually-die-Scotland.html>

27 July 2020 - Median age of death from COVID-19 in Germany: 82 years - The median age at COVID-19 death was 82 years in Germany - Robert Koch-Institute Täglicher Lagebericht des RKI zur Coronavirus-Krankheit-2019 (COVID-19). 26.7.2020 Aktualisierter Stand für Deutschland Robert Koch-Institute (2020) - https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Gesamt.html

9 Oct 2020 - Median age of death from COVID-19 in UK: 82 years -- Data analysed by experts at the Centre for Evidence-Based Medicine (CEBM) has revealed that the average age of deaths from the coronavirus is 82.4 years. - <https://www.thesun.co.uk/news/12886370/average-age-covid-death-82-4-years-shield-vulnerable/>

Prevention & Treatment for those at risk

Prevention - vitamins D, C and zinc - are preventative and reduce the severity of covid

There is evidence that vitamin D is involved in our defence against respiratory tract infections - <https://www.bmj.com/content/368/bmj.m1101/r-10>

Prevention - Preventative measures such as hydroxychloroquine or vitamins D, C and zinc should have been recommended for the public. Prevents and reduces the severity of covid - World Doctors Alliance - www.worlddoctorsalliance.com

"Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study" - <https://www.sciencedirect.com/science/article/pii/S0960076020302764>

Association of vitamin D with the modulation of the disease severity in COVID-19 - <https://www.sciencedirect.com/science/article/pii/S0168170220310558>

Treatments of covid-19 - Studies for: Hydroxychloroquine, Ivermectin, Remdesivir --- Hydroxychloroquine Has about 90 Percent Chance of Helping COVID-19 Patients - Hydroxychloroquine safely

reduces the incidence of the composite of COVID-19 infection, hospitalization and death

2 april 2020 - Hydroxychloroquine voted best treatment - An international poll of thousands of doctors rated the anti-malaria drug hydroxychloroquine the best treatment for the COVID-19 - <https://nypost.com/2020/04/02/hydroxychloroquine-most-effective-coronavirus-treatment-poll/>

13 April 2020 - Determination of the Effectiveness of Oral Chlorine Dioxide in the Treatment of COVID 19 - <https://clinicaltrials.gov/ct2/show/study/NCT04343742?term=chlorine+dioxide&draw=2&rank=1>

14 april 2020 - Hydroxychloroquine French clinical trial - Hydroxychloroquine has been shown to be producing remarkable results in terms of an actual cure for the virus, in France, the US and South Korea. A recent clinical trial in France, 1,061 COVID-19 patients in which hydroxychloroquine was used, had a recovery rate of 98%. - <https://fromrome.info/2020/04/14/98-of-covid-19-patients-cured-with-hydroxychloroquine-treatment/?fbclid=IwAR15vz5QIGfesBPMJigaTHgg2XSRhb9QeM1ziNZCUxfsw6hcCfpcSnJFQ>

14 April 2020 - Hydroxychloroquine – Dr Zelenco - The protocol is as follows: Hydroxychloroquine – 200 mg twice daily. Azithromycin - 500 mg daily. Zinc sulphate - 200 mg daily - Dr Zelenco has treated over 1,450 with remarkable results - <https://www.youtube.com/watch?v=zpl-EOSpbY&feature=share&fbclid=IwAR3xW2fbTrMIYEO-b4Q0yzez14h2yXMyNukF58r3bfatC-84KJH45cmzAYs>

28 April 2020 - Hydroxychloroquine Has about 90 Percent Chance of Helping COVID-19 Patients - Association of American Physicians and Surgeons - <https://aapsonline.org/hcq-90-percent-chance/>

28 May 2020 - Patients Need Ability to Choose Hydroxychloroquine, states AAPS - <https://aapsonline.org/patients-need-ability-to-choose-hydroxychloroquine-states-aaps/>

2 June 2020 - Fraude in de hydroxychloroquine papers van BJEM en The Lancet: <https://www.sciencemag.org/news/2020/06/mysterious-company-s-coronavirus-papers-top-medical-journals-may-be-unraveling>

3 Jun 2020 - Surgisphere: governments and WHO changed Covid-19 policy based on suspect data from tiny US company - <https://www.theguardian.com/world/2020/jun/03/covid-19-surgisphere-who-world-health-organization-hydroxychloroquine>

5 June 2020 - Retraction—Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis - [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31324-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext)

8 June 2020 - Estimating the effects of non-pharmaceutical interventions on COVID-19 in Europe - <https://www.nature.com/articles/s41586-020-2405-7>

2 July 2020 - On the Treatment of Covid-19 - Immunological and serological studies show that most people develop only mild or moderate symptoms when infected with the new coronavirus, while some people may experience a more pronounced or critical course of the disease (read more). Based on the available scientific evidence and current clinical experience, the SPR Collaboration recommends that physicians and authorities consider the following covid-19 treatment protocol for the early treatment of people at high risk or high exposure. - Swiss Policy Research (SPR), founded in 2016, is an independent, nonpartisan and nonprofit research group investigating geopolitical propaganda in Swiss and international media. SPR is composed of independent academics and receives no external funding. <https://swprs.org/on-the-treatment-of-covid-19/>

20 July 2020 - Ascorbate as Prophylaxis and Therapy for COVID-19—Update From Shanghai and U.S. Medical Institutions - <https://journals.sagepub.com/doi/full/10.1177/2164956120934768>

6 August 2020 - Australian develops effective Triple Therapy to treat COVID-19 - 'A combination of FDA and TGA approved Ivermectin, Zinc and Doxycycline has shown positive results for COVID-19 and should be considered immediately to fight the pandemic' says CDD Medical Director Professor Thomas Borody - Ivermectin which he uses regularly in his hospital, has shown positive results for COVID-19 and should be considered immediately to fight the pandemic. Professor Borody said, "These 3 medications are already approved. They do not need pre-clinical or clinical trials nor additional TGA approvals unless the aim is to combine in a single capsule, for example. Patient treatment programs have been done in the US and elsewhere which indicate it can work within 4-6 days." Professor Borody has reviewed the key antiviral scientific research literature and identified the combination of 3 drugs that are in chemists right now and can be prescribed by doctors immediately. The tablets can be taken at home as a preventive treatment by high risk individuals, or by those who test positive to minimise need for hospitalisation at the higher curative dose. - <https://www.biospectrumasia.com/news/91/16457/australian-develops-effective-triple-therapy-to-treat-covid-19.html>

22 Aug 2005 - Chloroquine is a potent inhibitor of SARS coronavirus infection and spread - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/>

27 September 2020 - Australia's Ban on Hydroxychloroquine is Criminal in the Face of the Evidence - <https://www.europereloaded.com/australias-ban-on-hydroxychloroquine-is-criminal-in-the-face-of-the-evidence-mp-video/>

30 septembr 2020 - Hydroxychloroquine use in outpatients, safely reduces the incidence of the composite of COVID-19 infection, hospitalization and death - This study published 30th of September 2020 with lead author Professor Joseph A. Ladapo, MD, PhD from the David Geffen School of Medicine at the University of California, concluded: "The randomized clinical trials performed to date demonstrate that hydroxychloroquine use in outpatients, safely reduces the incidence of the composite of COVID-19 infection, hospitalization and death." <https://www.medrxiv.org/content/10.1101/2020.09.30.20204693v1>

30 October 2020 - America's Frontline Doctors held their first press conference outside the Supreme Court of the United States on July 27. Their main message was that Americans no longer need fear COVID-19 because the FDA-approved drug hydroxychloroquine (HCQ) has proven to be an effective treatment. The July 27 press conference by America's Frontline Doctors' was aired by Breitbart. The video went viral and was seen by 20 million people before it was taken down by Big Tech. In the interview farther below with Del BigTree, Dr. Simone Gold who created the group and organized the event said that their press conference was the most viral video in history. America's Frontline Doctors held the first day of the two-day summit on July 27 and it was aired by Breitbart. The second day of the summit was scheduled for 8:30AM-1PM on July 28, but was not broadcast. - Frontline Doctors on Censorship: We're Coming After You Big Tech – We Will Not Be Silenced! says: Less than 24 hours after the Frontline Doctors first press conference in Washington D.C. was censored and removed from Facebook, YouTube, and Twitter, and after having their own website knocked offline in an attempt to silence them, the doctors were back in front of the steps of the Supreme Court building today (Tuesday, July 28, 2020) for their second press conference, at great risk to their lives, their families, and their jobs, as they remained determined to bring the truth directly to the American people that a cure for COVID exists, and that the public does not need to cower in fear anymore. - <https://www.naturalblaze.com/2020/10/dr-simone-gold-i-do-not-consent.html>

November 2020 - Hydroxychloroquine is effective, and consistently so if used early, for Covid-19: A systematic review concluded it is consistently effective against Covid19 when used early in outpatient setting and that it is safe; <https://www.sciencedirect.com/science/article/pii/S2052297520301281>

COVID-19 studies for: Hydroxychloroquine, Ivermectin, Vitamin D, Zinc, REGN-COV2, LY-CoV, Remdesivir -- <https://c19study.com>

More than 100 Covid-19 cases recovered with CDS by AEMI doctors in preliminary clinical trials - <https://andreakalcker.com/en/>

2. How are covid-19 deaths counted? Inflation of COVID-19 deaths

Inflating COVID-19 deaths - Changes in the guidance for death certificates and Statistical Misreporting

Guidance for doctors reporting covid-19 from WHO recording covid-19 as cause of death: death due to covid-19 is defined for surveillance purposes as a death resulting from a "clinically compatible illness", in "a probable" or confirmed COVID-19 case. A recording covid-19 on the medical certificate cause of death COVID-19 should be recorded on the medical certificate of cause of death for "all decedents" where the disease caused, or is "assumed to have caused", or "contributed to death".

12 March 2020 - UK - CFRs (Case Fatality Rate) on mortality rate estimates can be misleading if the CFR is based on the number of deaths per number of confirmed cases at the same time. -- The Lancet report, medical journal - [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30195-X/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30195-X/fulltext)

24 March 2020 - Current estimates of fatality rate too high by orders of magnitude. "The true fatality rate is the portion of those infected who die, not the deaths from identified positive cases." "The latter rate is misleading because of selection bias in testing. The degree of bias is uncertain because available data are limited" - Stanford Health Policy's Eran Bendavid and Jay Bhattacharya write in this Wall Street Journal editorial that current estimates about the covid-19 fatality rate may be too high by orders of magnitude. "If it's true that the novel coronavirus would kill millions without shelter-in-place orders and quarantines, then the extraordinary measures being carried out in cities and states around the country are surely justified. But there's little evidence to confirm that premise—and projections of the death toll could plausibly be orders of magnitude too high." "Fear of Covid-19 is based on its high estimated case fatality rate — 2% to 4% of people with confirmed Covid-19 have died, according to the World Health Organization and others. So if 100 million Americans ultimately get the disease, 2 million to 4 million could die. We believe that estimate is deeply flawed. The true fatality rate is the portion of those infected who die, not the deaths from identified positive cases." "The latter rate is misleading because of selection bias in testing. The degree of bias is uncertain because available data are limited. But it could make the difference between an epidemic that kills 20,000 and one that kills 2 million. If the number of actual infections is much larger than the number of cases—orders of magnitude larger—then the true fatality rate is much lower as well. That's not only plausible but likely based on what we know so far." 24 March 2020 - <https://www.wsj.com/articles/is-the-coronavirus-as-deadly-as-they-say-11585088464>

24 March 2020 - USA - Dr. Steven Schwartz, the director of the Division of Vital Statistics, devised procedures that doctors are to follow when death certificates include the dreaded term, COVID-19. On March 24, 2020, his office issued COVID-19 Alert No. 2, which included the following protocols: "COVID-19 should be reported on the death certificate for all decedents [deceased persons] where the disease caused or is assumed to have caused or contributed to death. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II" (emphasis added). - <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

24 March 2020 - AU - Australian Bureau of Statistics Guidance for Certifying Deaths due to COVID-19. Guidance for Certifying Deaths due to COVID-19 - This guide published by the Australian Bureau of Statistics is intended to provide some immediate guidance on how the new coronavirus disease strain, i.e. COVID-19, should be recorded on the Medical Certificate of Cause of Death. Examples are included in section 5 of this document. Recording covid-19 on the death certificate- The new coronavirus strain (COVID-19) should be recorded on the medical cause of death certificate for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1205.055.001>

25 March 2020 - AU - The Australian Bureau of Statistics has provided guidance on how to certify deaths due to COVID-19 - COVID-19 should be recorded on the medical cause of death certificate for all deceased where the disease caused, or is assumed to have caused, or contributed to death. -- <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1205.055.001?OpenDocument>

March 2020 - AU - WA CORONERS COURT COVID-19 GUIDE FOR MEDICAL PRACTITIONERS - Where a person has been tested and confirmed to have COVID-19 and has died of complications associated with the infection, such as myocarditis or pneumonia, then COVID-19 is "assumed" to have contributed to the death and should be recorded on the death certificate. Where a person is known to have suffered typical symptoms of COVID-19, such as fevers, cough, or breathing difficulties, during a COVID-19 pandemic, but has not been formally tested or diagnosed, then it is reasonable to "assume" the death was related to COVID-19 and should be recorded on the death certificate - https://www.coronerscourt.wa.gov.au/_files/COVID_Medical_Certificate_Cause_Death_Guide.pdf

March 2020 - AU - In March 2020, the Commonwealth signed a national partnership on Covid19 response with all of the Australian States. Under this partnership, \$100 million is to be paid quarterly to the States based

on a population share basis of reported cases of Covid. What really shocked me were the coding rules for Covid (coded information is the baseline data for reporting the total number of state cases). Under a 'mandated screening by authority test' or a 'self-presenting non-mandated test' (where there has been NO exposure and NO symptoms), the reporting guidelines state 'for clinically diagnosed or probable cases where testing is inconclusive, unavailable or not specified', Australian hospitals (including emergency and non-admitted care) are to assign; Principal Diagnosis -B34.2 -"Coronavirus infection, unspecified site" Additional diagnoses - U07.2 " Emergency use of U07.2, Coronavirus NOT identified" - This coding rule is a loop-hole that allows a principal diagnosis of Corona virus infection to be assigned to anyone who has been tested by mandated authority or has self-presented, where the person has had NO exposure, NO symptoms, & where testing results are INCONCLUSIVE, UNAVAILABLE or NOT SPECIFIED. References for coding/classification - <https://www.coag.gov.au/sites/default/files/communique/covid19-npa.pdf> - <https://www.ihta.gov.au/what-we-do/how-to-classify-covid-19>

29 March 2020 - How to understand — and report — figures for 'COVID deaths' -March 29, 2020 - <https://spectator.us/understand-report-figures-covid-deaths/>

31 March 2020 - AU - Forensic and scientific services have advised the NSW State Coroner of newly implemented COVID19 Post Mortem Procedures which will apply statewide to their facilities. Two risk assessments will be taken. - <https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/documents/covid-19-coroners.pdf>

31 March 2020 - UK - Coronavirus Act — excess death provisions: information and guidance for medical practitioners - <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-Act-excess-death-provisions-info-and-guidance-31-03-20.pdf>

1 April 2020 - UK Deaths Recording and Reporting - Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales -- A UK Government document "Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales (For Use During The Emergency Period Only)" explains in section 4.1 [27](emphasis added): "The MCCD is set out in two parts, in accordance with World Health Organisation (WHO) recommendations in the International Statistical Classification of Diseases and Related Health Problems (ICD). You are asked to start with the immediate, direct cause of death on line Ia, then to go back through the sequence of events or conditions that led to death on subsequent lines, until you reach the one that started the fatal sequence. If the certificate has been completed properly, the condition on the lowest completed line of part I will have caused all of the conditions on the lines above it. This initiating condition, on the lowest line of part I will usually be selected as the underlying cause of death, following the ICD coding rules. WHO defines the underlying cause of death as "a) the disease or injury which initiated the train of morbid events leading directly to death, or b) the circumstances of the accident or violence which produced the fatal injury". From a public health point of view, preventing this first disease or injury will result in the greatest health gain." They also state "You should also enter any other diseases, injuries, conditions, or events that contributed to the death, but were not part of the direct sequence, in part two of the certificate. The conditions mentioned in part two must be known or suspected to have contributed to the death, not merely be other conditions which were present at the time." It then goes on to show some example death certificates with the first one being COVID-19 as the underlying cause as it is mentioned in the "lowest completed line". So that particular example would be a death caused by COVID-19 and this would most likely be used in the COVID-19 death rate as per section 4.1 "Most routine mortality statistics are based on the underlying cause. Underlying cause statistics are widely used to determine priorities for health service and public health programmes and for resource allocation. Remember that the underlying cause may be a longstanding, chronic disease or disorder that predisposed the patient to later fatal complications." - Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877302/guidance-for-doctors-completing-medical-certificates-of-cause-of-death-covid-19.pdf

3 April 2020 - USA - MN Senator and Dr. Reveals HHS Document Coached Him on How to Overcount COVID-19 Cases — Dr. Scott Jensen, a Minnesota physician and Republican state senator said he received a 7-page document coaching him to fill out death certificates with a COVID-19 diagnosis without a lab test to confirm the patient actually had the virus. "Last Friday I received a 7-page document that told me if I had an 86-year-old patient that had pneumonia but was never tested for COVID-19 but some time after she came down with pneumonia we learned that she had been exposed to her son who had no symptoms but later on was identified with COVID-19, then it would be appropriate to diagnose on the death certificate COVID-19," Dr. Scott Jensen said. Dr. Jensen explained that this is not a normal procedure. Dr. Jensen said for example if the same patient had pneumonia during flu season and he didn't have a test confirming the patient also had influenza, he would never diagnose the patient with influenza on the death certificate. - Document coaching him to fill out death certificates with a COVID-19: https://www.scribd.com/document/455607875/US-HHS-Documents-to-Doctors-on-How-to-Certify-COVID-19-Deaths-including-Related-Deaths#download&from_embed

3 April 2020 - US - Those recording deaths are encouraged to attribute them to COVID-19 infection - Changes in the way cause of death is being recorded. Evidence from the USA that those recording deaths are encouraged to attribute them to COVID-19 infection. From a CDC document[26], in use in at least Minnesota (emphasis added): An accurate count of the number of deaths due to COVID-19 infection, which depends in part on proper death certification, is critical to ongoing public health surveillance and response. When a death is due to COVID-19, it is likely the UCOD and thus, it should be reported on the lowest line used in Part I of the death certificate. Ideally, testing for COVID-19 should be conducted, but it is acceptable to report COVID-19 on a death certificate without this confirmation if the circumstances are compelling within a reasonable degree of certainty. - Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19). - <https://www.cdc.gov/nchs/data/nvss/vsrq/vsrq03-508.pdf>

5 April 2020 - USA - April 5, the Council of State and Territorial Epidemiologists, which represents state health officials, recommended reporting probable covid-19 deaths, in addition to those with lab confirmations. - https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01_COVID-19.pdf

6 April 2020 - The way the CDC is instructing physicians to exaggerate COVID-19 deaths on death certificates --- Montana Physician Dr. Annie Bukacek Discusses How COVID-19 Death Certificates Are Being Manipulated - Dr. Bukacek is a longtime Montana physician with over 30 years' experience practicing medicine. Signing death certificates is a routine part of her job. In this brief video, Dr. Bukacek blows the whistle on the way the CDC is instructing physicians to exaggerate COVID-19 deaths on death certificates. - <https://www.youtube.com/watch?v=V0IIWZpiRU0>

6 Apr. 2020 - Montana Physician Dr. Annie Bukacek Discusses How COVID-19 Death Certificates Are Being Manipulated - Dr. Bukacek is a longtime Montana physician with over 30 years' experience practicing medicine. Signing death certificates is a routine part of her job. In this brief video, Dr. Bukacek blows the whistle on the way the CDC is instructing physicians to exaggerate COVID-19 deaths on death certificates. - <https://www.youtube.com/watch?v=V0IIWZpiRU0>

April 7 2020 - US - Government is classifying all deaths of patients with coronavirus as 'COVID-19' deaths, regardless of any underlying health issues that could have contributed to the loss of someone's life - Dr. Deborah Birx, the response coordinator for the White House coronavirus task force, said the federal government is continuing to count the suspected COVID-19 deaths, despite other nations doing the opposite. "There are other countries that if you had a pre-existing condition, and let's say the virus caused you to go to the ICU [intensive care unit] and then have a heart or kidney problem," she said during a Tuesday news briefing at the White House. "Some countries are recording that as a heart issue or a kidney issue and not a COVID-19 death." The intent is ... if someone dies with COVID-19 we are counting that," she added. Asked whether the numbers could skew data the government is trying to collect, Birx said that would mostly apply more to rural areas where testing isn't being implemented on a wide scale. - <https://www.foxnews.com/politics/birx-says-government-is-classifying-all-deaths-of-patients-with-coronavirus-as-covid-19-deaths-regardless-of-cause>

12 April 2020 - Autopsy related to COVID-19 has been suppressed by the state RRI - "Obtaining objective medical data on the causes of death as quickly as possible, regardless of the questionable PCR tests, is of paramount importance right now, as it will most likely reveal that governments' draconian restrictions on our civil rights are not justified." A professor for pneumology and infection medicine from Hanover, References in the short video " Pathologists require autopsies " - https://www.youtube.com/watch?v=L_YqA8r5DaY

13 April 2020 - The CDC Confesses to Lying About COVID-19 Death Numbers - New York City was lying about COVID-19 deaths. The normal rules about reporting deaths have been violated by that city in the rush to inflate the body count, presumably to steer more taxpayer money to the Big Apple. We know this because, among other truth-tellers, a plainspoken small-town physician from Kalispell, Montana, has pulled back the curtain. Dr. Annie Bukacek, MD, explained in a presentation how death certificates are made. When it comes to COVID-19 there is the additional data skewer, that is -get this— there is no universal definition of COVID-19 death. The Centers for Disease Control, updated from yesterday, April 4th, still states that mortality, quote unquote, data includes both confirmed and presumptive positive cases of COVID-19. That's from their website. Translation? The CDC counts both true COVID-19 cases and speculative guesses of COVID-19 the same. They call it death by COVID-19. - <https://canadafreepress.com/article/the-cdc-confesses-to-lying-about-covid-19-death-numbers>

16 April 2020 - WHO - INTERNATIONAL GUIDELINES FOR CERTIFICATION AND CLASSIFICATION (CODING) OF COVID-19 AS CAUSE OF DEATH - WHO reporting mortality associated with COVID-19 - DEFINITION FOR DEATHS DUE TO COVID-19 - A death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death. A-RECORDING COVID-19 ON THE MEDICAL CERTIFICATE OF CAUSE OF DEATH COVID-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death - <https://www.who.int/publications/i/item/WHO-2019-nCoV-mortality-reporting-2020-1> - https://www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19.pdf

16 April 2020 - Which deaths count toward the covid-19 death toll? It depends on the state. - https://www.washingtonpost.com/investigations/which-deaths-count-toward-the-covid-19-death-toll-it-depends-on-the-state/2020/04/16/bca84ae0-7991-11ea-a130-df573469f094_story.html

WHY ARE THERE SO MANY DEATHS ATTRIBUTED TO COVID 19? BECAUSE OF THE WAY THEY ARE BEING COUNTED - The way 'Covid deaths' are being counted is a scandal. UK, Office of National Statistics says 72.2% additional excess deaths were attributable to covid-19. The UK State instructed the Office for National Statistics to record any and all mentions of covid-19 on the death certificate as covid-19 mortality. Death figures are inflated because they are listing many as covid when they weren't even tested and of the ones that were tested they are listed of dying 'with Covid' not 'from Covid. US Physicians say hospitals are pressuring ER Docs to list covid-19 on death certificates. Any covid-19 positive patient who has died during his hospitalization will likely be reported as covid-19 death. -- Deceased with comorbidities are counted as Covid19 deaths even if the comorbidity was the cause of death - Centers of Statistics and Medical associations are not requiring 100% proof or testing of covid19 deaths declared, it is enough that they are "assumed". -- No known autopsies of so called Covid19 deaths have been revealed publicly as of this date in Australia. Autopsies carried out in Italy concluded blood coagulation and other reasons for death, not a virus, and then doctors modified their medical treatment protocols.

Minnesota doctor blasts 'ridiculous' CDC coronavirus death count guidelines - Dr. Scott Jensen, a Minnesota family physician who is also a Republican state senator, told "The Ingraham Angle" Wednesday that the Centers for Disease Control and Prevention's (CDC) guidelines for doctors to certify whether a patient has died of coronavirus are "ridiculous" and could be misleading the public. The guidelines, which say: "In cases where a definite diagnosis of COVID cannot be made but is suspected or likely (e.g. the circumstances are compelling with a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as 'probable' or 'presumed.'" - <https://www.foxnews.com/media/physician-blasts-cdc-coronavirus-death-count-guidelines>

16 April 2020 - UK - "Dying 'with Covid' not 'from Covid' - Listed of dying 'with Covid' not 'from Covid' - Lockdown Regime Deaths and the True Cost of LOKIN-20 - Speaking on April 16th the UK's Chief Scientific Officer, Sir Patrick Vallance, stated: "It is worth remembering again that the ONS rates are people who've got COVID on their death certificates. It doesn't mean they were necessarily infected because many of them haven't been tested. So we just need to understand the difference." They have demonstrated that death figures are inflated because they were listing many as Covid when they weren't even tested and of the ones that were tested they are listed of dying 'with Covid' not 'from Covid'. - <https://in-this-together.com/lockdown-regime-deaths-lokin-20/>

16 April 2020 - "Our definition of COVID-19 includes some cases where the certifying doctor suspected the death involved COVID-19 but was not certain, for example, because no test was done". "Of the 3,912 deaths that occurred in March 2020 involving COVID-19, 3,563 (91%) had at least one pre-existing condition, while 349 (9%) had none" -- Further information on a page "Deaths involving COVID-19, England and Wales: deaths occurring in March 2020" on the ONS website is worth considering, when assessing the figures[29]: "Between 1 and 31 March 2020, there were 47,358 deaths that occurred in England and Wales and were registered by 6 April 2020. Of these, 8% involved the coronavirus (COVID-19) (3,912 deaths). The doctor certifying a death can list all causes in the chain of events that led to the death and pre-existing conditions that may have contributed to the death. Using this information, we determine an underlying cause of death. More information on this process can be found in our user guide. In the majority of cases (3,372 deaths, 86%) when COVID-19 was mentioned on the death certificate, it was found to be the underlying cause of death. Our definition of COVID-19 includes some cases where the certifying doctor suspected the death involved COVID-19 but was not certain, for example, because no test was done. Of the 3,372 deaths with an underlying cause of COVID-19, 38 (1%) were classified as "suspected" COVID-19. Looking at all mentions, "suspected" COVID-19 was recorded on 1% of all deaths involving COVID-19." In section 6 they state the following (bold parts emphasis added): "Of the 3,912 deaths that occurred in March 2020 involving COVID-19, 3,563 (91%) had at least one pre-existing condition, while 349 (9%) had none. The mean number of pre-existing conditions was 2.7. The most common main pre-existing condition was ischaemic heart diseases, with 541 deaths (14% of all deaths involving COVID-19). This may in part explain the decrease in deaths resulting from ischaemic heart diseases in March 2020, but this requires further analysis. Pneumonia, dementia and chronic obstructive pulmonary disease (COPD) were all in the top five most common pre-existing conditions. - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinmarch2020#characteristics-of-those-dying-from-covid-19>

17 April 2020 - Deaths certificates being written with a cause of "COVID-19" even when the person died of something else -- By early May 2020, many reports had emerged on Social Media Platforms of deaths certificates being written with a cause of "COVID-19" even when the person died of something else. One collection of about 150 accounts shows this clearly[32]. It also shows a deeply disturbing pattern of patients being badly treated -- even to the point of deaths being caused by inappropriate treatments: From personal experience My aunt was tested 3 times in the hospital for Coronavirus, before being released home. She passed less than a week after that. Her death certificate says cause of death Covid--19 Her funeral was today. No one was allowed to attend. - <http://checktheevidence.com/ipage.com/checktheevidence.com/pdf/COVID-19%20-%20Social%20Media%20Evidence%20of%20Falsified%20Cause%20of%20Death.pdf>

25 April 2020 - The Royal College of Pathologists' comments come amid concern over the uncertainty about the cause of the large numbers of deaths taking place. There is uncertainty about whether they are being correctly attributed to virus, and whether some have died as a knock-on effect of the response to covid-19. - <https://www.hsj.co.uk/coronavirus/systematic-reviews-to-discover-true-cause-of-outbreak-deaths/7027491.article>

26 April 2020 - US - Differences between official published infection rates and actual results from obtained from testing. <https://reason.com/2020/04/26/miami-dade-antibody-tests-suggests-covid-19-infections-exceed-confirmed-cases-by-a-factor-of-16>

28 April 2020 - The Centers for Disease Control and Prevention (CDC) guidelines for doctors to certify whether a patient has died of coronavirus are a "mess" and predicted that some fatalities initially reported to be COVID-19-related would be reclassified. "We both know," Jon Millmore, Foundation for Economic Education, 29 Apr 2020 - As Minnesota lawmaker and longtime family practitioner Dr. Scott Jensen recently observed, hospitals are incentivized to pressure physicians to include COVID-19 on death certificates and discharge papers, since the CARES Act increases Medicare payments to hospitals treating COVID-19 victims. "Hospital administrators might well want to see COVID-19 attached to a discharge summary or a death certificate. Why? Because if it's a straightforward, garden-variety pneumonia that a person is admitted to the hospital for—if they're Medicare—typically, the diagnosis-related group lump sum payment would be \$5,000," said Jensen, whose claim was fact-checked by USA Today. "But if it's COVID-19 pneumonia, then it's \$13,000, and if that COVID-19 pneumonia patient ends up on a ventilator, it goes up to \$39,000." The idea that physicians would be pressured to list COVID-19 on death certificates even when it appears the virus had little or nothing to do with someone's cause of death might sound crazy, but some would say it was entirely predictable. "We aren't pressured to test for flu. Why are we being pressured to add Covid?" "Show me the incentive and I'll show you the outcome," American businessman Charlie Munger once observed. By creating a massive federal program that links goosed Medicare payments to COVID-19 treatments, the feds incentivized hospitals to add COVID-19 to diagnostic lists and death certificates. It also incentivized hospitals to get patients on ventilators, which may have done more harm than good, as hospitals have reported unusually high fatality rates for COVID-19 patients on ventilators. "We aren't pressured to test for flu," Dr. Erickson said during his press conference. "Why are we being pressured to add Covid?" - <https://fee.org/articles/physicians-say-hospitals-are-pressuring-er-docs-to-list-covid-19-on-death-certificates-here-s-why/>

5 May 2020 - UK - "Britain changed the rules for death certificates for covid on March 25: "COVID 19 is a Statistical Nonsense", Off Guardian, 5 May 2020 - <https://off-guardian.org/2020/05/05/covid-19-is-a-statistical-nonsense/>

29 April 2020 - US - "Physicians say hospitals are pressuring ER Docs to list covid-19 on death certificates - Here's Why. The economic incentive to add COVID-19 to diagnostic lists and death certificates is clear and does not require any conspiracy," Jon Millmore, Foundation for Economic Education, 29 Apr 2020 - As Minnesota lawmaker and longtime family practitioner Dr. Scott Jensen recently observed, hospitals are incentivized to pressure physicians to include COVID-19 on death certificates and discharge papers, since the CARES Act increases Medicare payments to hospitals treating COVID-19 victims. "Hospital administrators might well want to see COVID-19 attached to a discharge summary or a death certificate. Why? Because if it's a straightforward, garden-variety pneumonia that a person is admitted to the hospital for—if they're Medicare—typically, the diagnosis-related group lump sum payment would be \$5,000," said Jensen, whose claim was fact-checked by USA Today. "But if it's COVID-19 pneumonia, then it's \$13,000, and if that COVID-19 pneumonia patient ends up on a ventilator, it goes up to \$39,000." The idea that physicians would be pressured to list COVID-19 on death certificates even when it appears the virus had little or nothing to do with someone's cause of death might sound crazy, but some would say it was entirely predictable. "We aren't pressured to test for flu. Why are we being pressured to add Covid?" "Show me the incentive and I'll show you the outcome," American businessman Charlie Munger once observed. By creating a massive federal program that links goosed Medicare payments to COVID-19 treatments, the feds incentivized hospitals to add COVID-19 to diagnostic lists and death certificates. It also incentivized hospitals to get patients on ventilators, which may have done more harm than good, as hospitals have reported unusually high fatality rates for COVID-19 patients on ventilators. "We aren't pressured to test for flu," Dr. Erickson said during his press conference. "Why are we being pressured to add Covid?" - <https://fee.org/articles/physicians-say-hospitals-are-pressuring-er-docs-to-list-covid-19-on-death-certificates-here-s-why/>

5 May 2020 - UK - "Britain changed the rules for death certificates for covid on March 25: "COVID 19 is a Statistical Nonsense", Off Guardian, 5 May 2020 - <https://off-guardian.org/2020/05/05/covid-19-is-a-statistical-nonsense/>

May 2020 - UK, 72.2% additional excess deaths were attributable to covid-19 - ONS (Office of National Statistics) report on non covid-19 related deaths. The ONS report reveals that between March 7th and May 1st (ONS Week 11–18 of year 2020) there were 46,380 excess death, over and above the statistical 5 year average, registered in England and Wales. Of the 46,380 excess deaths 12,900 (27.8% of additional excess deaths) were not attributable to COVID 19. This suggests that 33,480 (72.2% of additional excess deaths) were attributable to COVID 19. Of the 46,380 excess deaths 12,900 (27.8% of additional excess deaths) were not attributable to COVID 19. This suggests that 33,480 (72.2% of additional excess deaths) were attributable to covid-19. - Analysis of death registrations not involving coronavirus (covid-19), England and Wales: 28 December 2019 to 1 May 2020 - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/analysisofdeathregistrationsnotinvolvingcoronaviruscovid19englandandwales28december2019to1may2020/technicalannex>

21 May 2020 - 'How Could the CDC Make That Mistake?' The government's disease-fighting agency is conflating viral and antibody tests, compromising a few crucial metrics that governors depend on to reopen their economies. Pennsylvania, Georgia, Texas, and other states are doing the same. - <https://www.theatlantic.com/health/archive/2020/05/cdc-and-states-are-misreporting-covid-19-test-data-pennsylvania-georgia-texas/611935/>

28 May, 2020 - UK - I've signed death certificates during Covid-19. Here's why you can't trust any of the statistics on the number of victims - As an NHS doctor, I've seen people die and be listed as a victim of coronavirus without ever being tested for it. But unless we have accurate data, we won't know which has killed more: the disease or the lockdown? - <https://www.rt.com/op-ed/490006-death-certificates-covid-19-do-not-trust/>

29 May 2020 - U.S. COVID-19 Death Toll Is Inflated - Public health officials need to face a lot of serious questions about how they counted Coronavirus deaths. We don't have all the answers yet, but it's clear the inflated numbers have helped mislead people into a state of alarmism. Timothy Allen is a governor of the College of American Pathologists and chairs the Department of Pathology at the University of Mississippi Medical Center.

30 May 2020 - UK pathologist, the way 'Covid deaths' are being counted is a national scandal - We have no idea how many lives have really been lost to the disease. As a pathologist, I'm used to people thinking that my job mainly involves dealing with death. But nothing could be further from the truth. That is why I and many of my colleagues are so dismayed by changes introduced during the coronavirus epidemic which mean that pathology has not been able to play the role that it should have in helping to understand this new disease. Dr John Lee, pathologist - <https://www.spectator.co.uk/article/the-way-covid-deaths-are-being-counted-is-a-national-scandal>

7 June 2020 - Definition of deaths due to COVID 19? A death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death. COVID-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death. - <https://www.who.int/publications/i/item/WHO-2019-nCoV-mortality-reporting-2020-1>

9 June 2020 - UK State instructed the Office for National Statistics to record any and all mentions of covid-19 on the death certificate as covid-19 mortality - Coronavirus: Weekly death figures continue to fall - The UK State instructed the ONS to record any and all mentions of covid-19 on the death certificate (MCCD) as covid-19 mortality. The ONS were told to accept suggested covid-19 mortality figures from the Care Quality Commission (CQC) even if covid 19 was not mentioned on the MCCD. This has left the collection and reporting of covid-19 mortality in England and Wales in total disarray. BBC - <https://www.bbc.com/news/health-52976580>

17 July 2020 - UK - Prof Carl Heneghan: can we trust the Covid-19 death numbers? - <https://unherd.com/the-post/prof-carl-heneghan-can-we-trust-the-covid-19-death-numbers/>

17 July, 2020 - UK health minister calls for 'urgent review' after scientists expose 'over-exaggeration' of Covid-19 death toll - <https://www.rt.com/uk/495047-review-covid19-death-toll/>

2 Aug 2020 - Did CDC chief hint hospitals are inflating Covid-19 death count? 'Perverse incentive' could lead to high toll - Director of the CDC, Robert Redfield, made the assertion during an appearance in front of the House Oversight and Reform Select Subcommittee on the Coronavirus Crisis - Hospitals in the United States have a monetary incentive to inflate their count of coronavirus fatalities, said Robert Redfield, the director of U.S. Centers for Disease Control and Prevention, after being questioned during a House panel hearing on Friday, July 31. "There are reports -- and I have been talking to medical professionals -- that there's been misreporting of deaths for people who may have been involved in, for instance, an auto accident but had COVID in their system, and that death's then being reported as a COVID death because there apparently is perverse incentive to do that," Luetkemeyer had said, according to a press release on the hearing on his website. "The hospitals get paid more for a COVID death than they do for an auto accident." Aug 2, 2020 - <https://meaww.com/cdc-director-confirms-perverse-incentive-hospitals-inflate-covid-19-deaths-greater-reimbursement-hiv>

9 August 2020 - UK - Daily covid death count could be scrapped - A review will examine reports that officials were "over-exaggerating" the number of deaths from coronavirus. 9 August 2020 - <https://www.telegraph.co.uk/politics/2020/08/09/daily-covid-death-count-could-scrapped/>

11 Aug 2020 - Israel - "Any covid-19 positive patient who has died during his hospitalization will likely be reported as COVID-19 death" - Arutz Sheva clarifies Health Ministry COVID-19 policy: Health Ministry: "Any COVID-19 positive patient who has died during his hospitalization will likely be reported as COVID-19 death." Arutz Sheva's query quoted White House Coronavirus Task Force member Dr. Deborah Birx, who said that while some countries report coronavirus fatality numbers differently, in the United States one is counted as a victim of the pandemic if he dies while testing positive for the virus, even if something else caused his death. Likewise, Illinois Department of Public Health Director Dr. Ngozi Ezike was quoted, who stated in a press conference that even if the cause of death is clearly something else, as long as one tests positive for COVID-19 when he dies, it does not matter how many other conditions were present, this is the cause of death: Arutz Sheva sought to determine into which set of countries does Israel fall. How precisely do doctors record cause of death, has the procedure been uniform from the beginning of the crisis, and if Israel follows the American model, the Ministry was asked to expand on the medical and legal aspects of such classification. - <https://www.israelnationalnews.com/News/News.aspx/284837>

12 August 2020 - UK - Public Health Lessons Learned From Biases in Coronavirus Mortality Overestimation - <https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/public-health-lessons-learned-from-biases-in-coronavirus-mortality-overestimation/7ACD87D8FD2237285EB667BB28DCC69>

18 Oct. 2020 - US - CDC's Covid-19 Death and Case Count Procedures Illegal, and Compromised Data, Research Shows - By using a new, unapproved, and non-standard system specifically for collecting mortality statistics regarding covid-19, the CDC knowingly broke multiple federal laws regarding data collection and ensuring the accuracy of data, according to a new research paper which has been peer reviewed and published in the journal 'Science, Public Health Policy and the Law', and released this week at publichealthpolicyjournal.com. The paper, titled "COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective", provides a comprehensive legal overview of several violations of federal law, and documents the resulting data catastrophe that directly ensued. On March 24, 2020, the CDC published instructions and guidance on a change in the procedure for filing death certificates, specifically related to COVID-19. They also created coding practices so that the results of testing, whether inconclusive or even unavailable, were not recorded in any way as to be reflected in statistics. This has had a significant impact on data collection accuracy and integrity. It has resulted in the potential false inflation of COVID-19 fatality data and is a potential breach of federal laws governing information quality." The research paper finds this not only a significant change, but an illegal one. This has had a significant impact on data collection accuracy and integrity. It has resulted in the potential false inflation of COVID-19 fatality data and is a potential breach of federal laws governing information quality." "Further, on April 14, 2020, the CDC again compromised data integrity when it adopted the CSTE position paper and created categories for "probable" cases that eliminated the medical standards of proof of infection through positive lab testing. An abstract and the PDF text are available at: www.publichealthpolicyjournal.com/this-in-science-and-technology (sic) Click the PDF icon on that page for full text. Other document referred to: <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf> -- <https://www.cdc.gov/nchs/covid19/coding-and-reporting.htm> - Full article: <https://theoutsiderjournal.com/cdcs-covid-19-deaths-and-case-counting-procedures-illegal-and-compromised-data-research-shows/>

October 2020 - Even in so-called "Covid19 deaths" it is often not clear whether they died from or with coronavirus (i.e. from underlying diseases) or if they were counted as "presumed cases" and not tested at all. However, official figures usually do not reflect this distinction. - <https://swprs.org/a-swiss-doctor-on-covid-19/>

5 November, 2020 - UK - NHS Nurse Publicly Resigns, Blasts Covid Lockdown Policy: The total deaths from these three hospitals across the last 7 months is just 76 people, roughly 10 deaths a month, according to the nurse, who questioned why it was necessary for her region to go into lockdown given such sparse figures - "I don't need the uniform to prove that I work for them, but today, I'm publicly resigning," she stated. "Unfortunately I can't lie anymore," said the nurse, explaining how she took a screenshot of internal hospital data showing there were just three people across three hospitals in the region infected with Covid. The total deaths from these three hospitals across the last 7 months is just 76 people, roughly 10 deaths a month, according to the nurse, who questioned why it was necessary for her region to go into lockdown given such sparse

figures. - <https://summit.news/2020/11/05/nhs-nurse-publicly-resigns-blasts-covid-lockdown-policy/>

24 November 2020 - Numbers of deaths involving COVID-19: "That is, where COVID-19 or suspected COVID-19 was mentioned anywhere on the death certificate, including in combination with other health conditions" -- However a spreadsheet on ONS's website states[28] (emphasis added): Because of the Coronavirus (COVID-19) pandemic, our regular weekly deaths release now provides a separate breakdown of the numbers of deaths involving COVID-19. That is, where COVID-19 or suspected COVID-19 was mentioned anywhere on the death certificate, including in combination with other health conditions. Previously, the number of deaths with an underlying cause of respiratory disease was published a week behind the current week. These will now be published for the current week and revised the following week." We can also see a change in the way UK deaths are counted, thus: From 31 March 2020 these figures also show the number of deaths involving Coronavirus (COVID-19), based on any mention of COVID-19 on the death certificate." - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

Proportion of fatal COVID-19 cases involving a pre-existing medical condition - "There is no "killer virus", all fatalities he examined had serious previous illnesses which would have soon resulted in death with or without the virus", forensic medicine professor Klaus Püschel - one third of Covid deaths in July and August 'primarily caused by other conditions - with 78% recording at least one of the specified comorbidities; only 9% recorded no comorbidity - Proportion of fatal COVID-19 cases involving a pre-existing medical condition in United States: 94% -

17 March 2020 - Proportion of fatal COVID-19 cases involving a pre-existing medical condition in Italy: 99% - Government of Italy national health authority - https://www.epicentro.iss.it/coronavirus/bollettino/Report-COVID-2019_17_marzo-v2.pdf

25 April 2020 - Coronavirus 'Systematic reviews' to discover true cause of outbreak deaths - The Royal College of Pathologists' comments come amid concern over the uncertainty about the cause of the large numbers of deaths taking place. There is uncertainty about whether they are being correctly attributed to virus, and whether some have died as a knock-on effect of the response to covid-19. One GP who contacted HSJ with frustrations about registering deaths of suspected covid-19 patients said: "We are not allowed to put suspected covid-19 on the certificate — we cannot put acute respiratory failure. It means we either have to make the assumption that it is a covid-19 death — we, of course, have no access to testing patients in the community — or use some other cause when we are pretty certain it's a covid-19 related death." - <https://www.hsj.co.uk/coronavirus/systematic-reviews-to-discover-true-cause-of-outbreak-deaths/7027491.article>

28 April 2020 - "There is no "killer virus", all fatalities he examined had serious previous illnesses which would have soon resulted in death with or without the virus", forensic medicine professor Klaus Püschel - German forensic pathologist Klaus Püschel stuns German TV audience: 100% of autopsied in Hamburg did not die of "covid-19" - "Prominent forensic medicine professor Klaus Püschel has vast experience in autopsying individuals who have died with the Chinese coronavirus in Hamburg, Germany. During an appearance German television, the professor stunned the audience by claiming that the hysteria over the coronavirus is "completely exaggerated," as all fatalities he examined had serious previous illnesses which would have soon resulted in death with or without the virus. Püschel stated that there is no "killer virus." - <https://www.welt.de/regionales/hamburg/article207328561/Coronavirus-Drosten-vs-Pueschel-Streit-ueber-die-Botschaft-der-Toten.html> - <https://www.ndr.de/nachrichten/hamburg/Rechtsmediziner-Pueschel-Angst-ist-ueberfluessig.pueschel306.html> - <https://www.mopo.de/hamburg/rechtsmediziner--ohne-vorerkrankung-ist-in-hamburg-an-covid-19-noch-keiner-gestorben--36508928>

31 Aug 2020 - A quiet updating of the CDC website that reported only 6% of COVID deaths could be attributed solely to COVID-19 - The CDC has just published a report observing a mere 6% of 'COVID-19 deaths' had no other comorbidities (serious underlying conditions). Their website says: For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death. The CDC further reports there are well over 5,000 death certificates in the COVID statistics which also list, "intentional and unintentional injury, poisoning and other adverse events." This even included a motorcycle accident with COVID on the death certificate — that is, until some media started investigating the story. This means 94% of deaths reported have only died with coronavirus, and not necessarily from coronavirus. 4 in 5 deaths were over 65 years old. - https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

AU - 5 September 2020 - Dr Mark Hobart who is in charge of an aged care facility said very high numbers of the deaths were simply with COVID, not from. Of the 42 that were COVID positive at the time, most were not displaying any respiratory symptoms or COVID symptoms but many had comorbidities that he was more concerned about. "As cases evolve globally, it has been noted that persons with underlying chronic illnesses are more likely to contract the virus and become severely ill. Due to SARS CoV-2 being a relatively new virus, the data available is limited. However, patients with comorbidities have more deteriorating outcomes compared with patients without." - <https://www.youtube.com/watch?v=ZE1HFFHhM0> - Comorbidity and its Impact on Patients with COVID-19 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314621/#:~:po=39.5833>

18 September 2020 - UK, one third of Covid deaths in July and August 'primarily caused by other conditions -- Almost one third of Covid deaths in July and August 'primarily caused by other conditions'. Oxford research finds someone who had heart attack may have been included in figures if they had also tested positive for virus - <https://www.telegraph.co.uk/news/2020/09/18/almost-one-third-covid-deaths-july-august-primarily-caused-conditions/>

2 August 2020 - Australia - Comorbidities were common in those COVID-19 cases admitted to Australian sentinel hospitals (general ward or ICU), with 78% recording at least one of the specified comorbidities; only 9% recorded no comorbidity. The proportion of hospitalised cases with no known comorbidity recorded in U.S hospital surveillance system COVID-NET was also reportedly 9%. By contrast, in the UK, 22.5% of 20,133 hospitalised COVID-19 cases had no recorded comorbidities. This UK study reports similar prevalence estimates for key comorbidities amongst hospitalised COVID-19 patients as found in Australian data. In sentinel Australian sites, chronic cardiac disease occurred in 29% of hospitalised cases (30.9% in the UK), diabetes in 32% (20.7% UK) and chronic respiratory disease (including asthma) in 31% of hospitalised cases (32% UK study). - Epidemiology Report 22 Fortnightly reporting period ending 2 August 2020: The symptoms reported by COVID-19 cases in Australia are consistent with a mild respiratory infection in the majority of cases. The principal symptoms reported in cases (Figure B.1) were cough (42%), fever (30%), sore throat (27%) and headache (20%). Other symptoms reported include malaise, lethargy or fatigue (20%) and loss of taste or smell (10%). These are currently not standard fields in NNDSS, and are likely to under-represent those presenting with these symptoms. A small number of cases reported more severe symptoms, with pneumonia and/or acute respiratory disease (ARD) reported in 2% of cases and in 15% of deaths. - [https://www1.health.gov.au/internet/main/publishing.nsf/Content/1D03BCB527F40C8BCA25850300302EB/\\$File/covid_19_australia_epidemiology_report_22_fortnightly_reporting_period_ending_2_august_2020.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/1D03BCB527F40C8BCA25850300302EB/$File/covid_19_australia_epidemiology_report_22_fortnightly_reporting_period_ending_2_august_2020.pdf)

5 October 2020 - Doubts raised over accuracy of Victoria's coronavirus death toll. Whether people die from coronavirus or with it has been a hot topic throughout the pandemic, but one leaked letter could provide a clue. Glenferrie Private Hospital chief executive Julia Morgan wrote in an internal memo: "As you are aware, nine aged care patients were admitted to Glenferrie on 27 July. Sadly, four of these patients have since passed away. We are unable to verify the exact cause of their death, but the State has officially attributed the deaths to COVID-19." October 5, 2020 - Source: <https://www.news.com.au/lifestyle/health/health-problems/doubts-raised-over-accuracy-of-victorias-coronavirus-death-toll/news-story/6e4c77fb8c0425ea854f8445845db264>

Proportion of fatal COVID-19 cases involving a pre-existing medical condition in United States: 94% - Weekly Updates by Select Demographic and Geographic Characteristics, CDC - https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3TKK5-9tOHPGAHWFO3DfslkJKsDEPQpWmPbKtpEsoVV2QsIQ#ExcessDeaths

Financial incentives

Hospitals using COVID-19 causes of death as financial incentives - Hospitals Unleash Huge Federal Money Grab Amid Coronavirus Crisis - Are hospitals using COVID-19 causes of death as financial incentives? Including "probable" coronavirus deaths into its overall fatality count - Hospitals get paid more if patients listed as COVID-19, on ventilators - If a Medicare patient is diagnosed with — or even presumed to have contracted coronavirus, hospitals across the United States are given more money. That amount can as much as triple if the patient requires a ventilator - New York, Elmhurst - Epicenter Nurse. Patients are being intentionally killed for the COVID bonus money, says epicenter nurse - Hospitals have incentive to inflate COVID-deaths, CDC chief admits

18 March 2020 - Hospitals Unleash Huge Federal Money Grab Amid Coronavirus Crisis - The nation's hospital industry, bracing for an influx of patients sickened by Coronavirus, have unleashed a coordinated push for an array of funding requests beyond the huge package of support already signed by President Trump. The hospital lobbies didn't put a price tag on their requests blasted out to the media Wednesday morning, but it would surely run into tens of billions of dollars and be beyond packages wending their way through Congress and already signed by President Trump. - <https://www.forbes.com/sites/brucejapsen/2020/03/18/hospitals-unleash-huge-federal-money-grab-amid-coronavirus-crisis/?sh=1e04b5667054>

6 March 2020 - Are hospitals using COVID-19 causes of death as financial incentives? - <https://www.msn.com/en-us/health/medical/are-hospitals-using-covid-19-causes-of-death-as-financial-incentives/ar-BB14ZJGc>

April 21, 2020 - Hospitals have vested interest to inflate the coronavirus counts - According to a MiraMed survey from 2019, the biggest cash cow services for hospitals were, in order: cardiovascular surgery, invasive cardiology procedures, neurosurgery, orthopedic surgery, gastroenterology procedures, hematology-slash-oncology services, general surgery, procedures involving internal medicine, pulmonology procedures and noninvasive cardiology services. Now? The coronavirus is a key moneymaker. - <https://www.washingtontimes.com/news/2020/apr/21/coronavirus-is-a-hospital-moneymaker-and-thats-wor/>

24 April 2020 - Including "probable" coronavirus deaths into its overall fatality count - Pennsylvania began including "probable" coronavirus deaths into its overall fatality count earlier this week and, as a result, the number grew by 276 in one day and 360 the next, which was double the number of deaths in the state in two days, according to Fox News. - <https://www.foxnews.com/us/pa-removes-200-deaths-official-coronavirus-count-questions-mount-reporting-process-data-accuracy>

24 April 2020 - Hospitals get paid more if patients listed as COVID-19, on ventilators - "We rate the claim that hospitals get paid more if patients are listed as COVID-19 and on ventilators as TRUE," USA Today declared in a Friday fact-check. - "Hospitals and doctors do get paid more for Medicare patients diagnosed with COVID-19 or if it's considered presumed they have COVID-19 absent a laboratory-confirmed test, and three times more if the patients are placed on a ventilator to cover the cost of care and loss of business resulting from a shift in focus to treat COVID-19 cases," the fact-checker explains. - <https://eu.usatoday.com/story/news/factcheck/2020/04/24/fact-check-medicare-hospitals-paid-more-covid-19-patients-coronavirus/3000638001/>

May 4 - If a Medicare patient is diagnosed with — or even presumed to have contracted coronavirus, hospitals across the United States are given more money. That amount can as much as triple if the patient requires a ventilator -- If a Medicare patient is diagnosed with — or even presumed to have contracted coronavirus, hospitals across the United States are given more money from the federal government to treat that patient, economic assessments show. That amount can as much as triple if the patient requires a ventilator, making some wonder whether there is a financial impetus to overstate coronavirus numbers, with others calling such potential abuse "unlikely." - <https://www.foxnews.com/health/hospitals-medicare-patients-cost-coronavirus>

13 June 2020 - New York, Elmhurst - Epicenter Nurse, Patients are being intentionally killed for the COVID bonus money, says epicenter nurse - The pandemic hit New York harder than any other state. Elmhurst was one of the epicenters of the virus within New York City. Epicenter Nurse, Erin Marvie Olszewski is a Nurse-turned-investigative journalist, who has spent the last few months on the frontlines of the coronavirus pandemic, on the inside in two radically different settings. Two hospitals. One private, the other public. One in Florida, the other in New York. And not just any New York public hospital, but the "epicenter of the epicenter" itself, the infamous Elmhurst in Donald Trump's Queens. As a result of these diametrically opposed experiences, she has the ultimate "perspective on the pandemic". She has been where there have been the most deaths attributed to Covid-19 and where there have been the least. Shocking video from a nurse at NYC's Elmhurst hospital claiming that patients are being intentionally killed for the COVID bonus money -- Undercover nurse: NY hospital didn't properly isolate coronavirus patients - <https://www.foxnews.com/media/undercover-nurse-ny-hospital-isolate-coronavirus-patients>

5 Aug 2020 - Hospitals have incentive to inflate COVID-deaths, CDC chief admits - "I think you're correct in that we've seen this in other disease processes, too, really in the HIV epidemic, somebody may have a heart attack, but also have HIV — the hospital would prefer the [classification] for HIV because there's greater reimbursement," Redfield told the House Oversight and Reform Select Subcommittee on the Coronavirus Crisis. - <https://www.lifesitenews.com/news/hospitals-have-incentive-to-inflate-covid-deaths-cdc-chief-admits>

AU - FINANCIAL INCENTIVES FOR COVID19 – AUSTRALIAN AND STATES - Victoria as with other states were paid upfront into a national funding pool by Commonwealth funding. Victoria alone was allocated over 26 million dollars. The Victorian government gets a rebate from the Federal Government based on case numbers (even if they are false positives) - <https://www.coag.gov.au/sites/default/files/communique/covid19-npa.pdf>

The Medias dramatizing - misreporting of deaths, and false covid death reports

Misreporting of deaths - Coronavirus disease 2019: The harms of exaggerated information and non-evidence-based measures - Media Grossly Misreporting COVID Death Counts - Even exaggerating official CDC count - As the coronavirus pandemic drags on, fewer people are dying and more people are recovering with few or no problems. But you won't read this in the mainstream press

19 March 2020 - Coronavirus disease 2019: The harms of exaggerated information and non-evidence-based measures - The evolving coronavirus disease 2019 (COVID-19) pandemic is certainly cause for concern. Proper communication and optimal decision-making are an ongoing challenge, as data evolve. The challenge is compounded, however, by exaggerated information. This can lead to inappropriate actions. It is important to differentiate promptly the true epidemic from an epidemic of false claims and potentially harmful actions. If COVID-19 is indeed the pandemic of the century, we need the most accurate evidence to handle it. Open data sharing of scientific information is a minimum requirement. This should include data on the number and demographics of tested individuals per day in each country and the demographics and background diseases of patients requiring hospital care and intensive care and those who die. Proper prevalence studies and trials are also indispensable. If COVID-19 is not as grave as it is depicted, high evidence standards are equally relevant. Exaggeration and overreaction may seriously damage the reputation of science, public health, media and policymakers. It may foster disbelief that will jeopardize the prospects of an appropriately strong response if and when a more major pandemic strikes in the future. John P. A. Ioannidis -

22 July 2020 - Media Grossly Misreporting COVID Death Counts - <https://1027kearney.com/kpgz-news/2020/7/22/media-grossly-misreporting-covid-death-counts>

22 Sept. 2020 - Exaggerating official CDC count -- On Sept. 22, CNN triumphantly announced that 200,000 people had died from COVID-19 in the United States. On the same day as CNN's announcement, the CDC officially posted a total 187,072 deaths attributed in some way to COVID-19. The CDC latter caused a stir at the end of August by estimating that the virus directly caused only 6 percent, or now just over 11,000 of the 187,000 attributed deaths. Most of these deaths were in the elderly. The remaining 94 percent died with and not exclusively of the coronavirus. These people also were on average elderly and had 2.6 other health problems. This implies a good fraction who succumbed had three or more comorbidities. In other words, most deaths attributed to the coronavirus were in very sick people. - https://www.cdc.gov/nchs/nvss/vsr/covid_weekly/index.htm

17 October 2020 - Here's how the media is misreporting COVID-19's death toll in America - As the coronavirus pandemic drags on, fewer people are dying and more people are recovering with few or no problems. But you won't read this in the mainstream press. <https://nypost.com/2020/10/17/how-the-media-is-misreporting-covid-19s-death-toll-in-america/>

Media - Several media were caught trying to dramatize the situation in hospitals, sometimes even with manipulative images and videos. CBS admits to using footage from Italy in NYC coronavirus report - In general, the unprofessional reporting of many media maximized fear and panic in the population

CBS admits to using footage from Italy in NYC coronavirus report - CBS News has admitted that alarming footage of an overflowing ward used during a report on the coronavirus crisis in Big Apple hospitals was actually shot in Italy. CBS' breakfast show, "This Morning," used the footage of a packed ward last Wednesday just after saying the pandemic's epicenter was "found right here" in New York. The same footage had been aired earlier by Sky News — which correctly identified it as one of Europe's "most hard-hit" hospitals located in Bergamo, Lombardy. - <https://nypost.com/2020/04/01/cbs-admits-to-using-footage-from-italy-in-report-about-nyc/>

CBS now says that its footage purporting to show a line of waiting patients was not legitimate. The television network is blaming a Michigan health facility. Project Veritas is a controversial media watchdog which has employed questionable tactics. But it may be on to something with its claim that a recent CBS News report included medical staff posing as patients waiting for coronavirus tests. - <https://www.wsj.com/articles/cbs-says-fake-news-wasnt-theirs-11588789238>

False Media Corona Positive Reports - Investigation into coronavirus deaths revealed several examples of people who died from something else other than the virus - Deaths Incorrectly Attributed to COVID-19 in the Media - the news reported a 9 year old died of corona, it turned out to be an elderly 109 years old - fake news ABC reported the youngest victim to die with COVID-19. Autopsy reports recorded he did not indeed have Coronavirus - Fatal motorcycle crash listed as COVID-19 death, Man Killed in Crash Listed as COVID-19, 60-year-old gunshot victim, 90-year-old man who died from complications of a hip fracture, 77-year-old Parkinson's victim, several Alzheimer's sufferers, a neck fracture - Coroner refuses to rule COVID-19 as cause of death of six-week-old baby after Connecticut governor claimed toddler was 'youngest coronavirus victim in the world' - Some Florida labs report 100 percent positivity rates

27 March 2020 - Deaths Incorrectly Attributed to COVID-19 in the Media - Other media reports claim some celebrities have died, but these accounts would need studying more closely to find out if, as with other cases the victims had other health issues. We can highlight two cases of death wrongly attributed (by mainstream sources) to COVID-19 — those of 21-year old Chloe Middleton (who died of a heart attack) and 45-year old Craig Ruston, who had Motor Neuron Disease. He was also reported as COVID-19 death by the UK Daily Express. - <https://www.spiked-online.com/2020/03/27/chloe-middleton-the-coronavirus-death-that-wasnt/> - <https://www.express.co.uk/news/uk/1256639/coronavirus-uk-deaths-britain-victim-motor-neurone-disease-pandemic>

1 May 2020 - Some media reports of young people dying from Covid19 turned out to be false, the news reported a 9 year old died of corona, it turned out to be an elderly 109 years old - Das Bundesamt für Gesundheit (BAG) in der Schweiz hat Fehler bei der Altersangabe von Todesopfern korrigiert. Eine Corona-Verstorbene, die den Angaben zufolge neun Jahre alt gewesen sein soll, sei in Wirklichkeit 109 Jahre alt gewesen, teilte die Behörde laut einem Bericht des Schweizer "Tagesanzeigers" mit. "Wir haben bei der Erfassung des Falles das Geburtsdatum versehentlich auf 2011 statt 1911 gesetzt," erklärt die Behörde den Fehler demnach. Grund dafür sei, dass viele Mediziner die Daten der Todesopfer noch immer per Fax übermitteln, statt das neue elektronische Meldesystem zu verwenden. Die BAG müsse die Daten dann manuell übertragen. Dabei könnten Fehler passieren, heißt es in dem Bericht. - 1 May 2020 - <https://www.n-tv.de/panorama/Neunjaehrige-Corona-Tote-war-109-Jahre-alt-article21753784.html>

14 May 2020 - Coroner's office disputes Colorado coronavirus death claim, says victim died from alcohol poisoning - The coroner's office in Montezuma County, Colorado, is pushing back against the state's claim that a third Coloradoan has died in the town of Cortez due to the coronavirus. Montezuma County Coroner George Deavers said that while the unidentified person did test positive for the coronavirus, the cause of death was alcohol poisoning, according to the Durango Herald. Deavers says an investigation he and a pathologist conducted showed the person's blood alcohol content was 0.55, seven times higher than the legal driving limit, and determined ethanol toxicity was the cause of death. A BAC of 0.3 is typically considered lethal. COVID was not listed on the death certificate as the cause of death. I disagree with the state for listing it as a COVID death and will be discussing it with them this week," Deavers said Tuesday. - <https://www.washingtonexaminer.com/news/coroners-office-disputes-colorado-coronavirus-death-claim-says-victim-died-from-alcohol-poisoning>

27 May 2020 - Australia was when the fake news ABC reported the youngest victim to die with COVID-19. Autopsy reports recorded he did not indeed have Coronavirus. - <https://www.abc.net.au/news/2020-05-27/coronavirus-testing-queensland-death-dies/12287058> - <https://thenewdaily.com.au/news/coronavirus/2020/06/02/nathan-turner-autopsy-coronavirus/>

13 July 2020 - Some Florida labs report 100 percent positivity rates -- The Florida Department of Health released its daily coronavirus testing report showing a statewide positivity rate of 11 percent, but FOX 35 quickly noticed some shocking positivity rates. Countless labs have reported a 100 percent positivity rate, which means every single person tested was positive. Other labs had very high positivity rates. FOX 35 News found that testing sites like one local Centra Care reported that 83 people were tested and all tested positive. Then, NCF Diagnostics in Alachua reported 88 percent of tests were positive. How could that be? FOX 35 News investigated these astronomical numbers, contacting every local location mentioned in the report. - The report showed that Orlando Health had a 98 percent positivity rate. However, when FOX 35 News contacted the hospital, they confirmed errors in the report. Orlando Health's positivity rate is only 9.4 percent, not 98 percent as in the report. - The report also showed that the Orlando Veteran's Medical Center had a positivity rate of 76 percent. A spokesperson for the VA told FOX 35 News on Tuesday that this does not reflect their numbers and that the positivity rate for the center is actually 6 percent. - <https://www.fox35orlando.com/news/fox-35-investigates-florida-department-of-health-says-some-labs-have-not-reported-negative-covid-19-results>

16 July 2020 - Fatal motorcycle crash listed as COVID-19 death - FOX 35 News found this out after asking Orange County Health Officer Dr. Raul Pino whether two coronavirus victims who were in their 20s had any underlying conditions. One of his answers surprised us. "The first one didn't have any. He died in a motorcycle accident," Pino said. Dr. Pino was asked if the man's data was removed. "I don't think so. I have to double-check," Pino said. "We were arguing, discussing, or trying to argue with the state. Not because of the numbers -- it's 100...it doesn't make any difference if it's 99 -- but the fact that the individual didn't die from COVID-19...died in the crash. But you could actually argue that it could have been the COVID-19 that caused him to crash. I don't know the conclusion of that one." There are still two people in their 20s on Orange County's data list for coronavirus deaths. So is this a contradiction to how the state says it's counting deaths? - Two days after a FOX 35 investigation, health officials confirm that a motorcycle death that was initially counted among COVID-19 fatalities has been removed from the state's data. - <https://www.fox35orlando.com/news/fox-35-investigates-questions-raised-after-fatal-motorcycle-crash-listed-as-covid-19-death>

July 16, 2020 - The website for the Centers for Disease Control and Prevention lists 3,721 coronavirus deaths that are characterized as "intentional and unintentional injury, poisoning and other adverse events." "And these accidental injury deaths are a bigger share of the COVID death certificate counts in the younger age groups. 9.1% of under 25 and 8.6% of 25-34." And these accidental injury deaths are a bigger share of the COVID death certificate counts in the younger age groups. 9.1% of under 25 and 8.6% of 25-34. - <https://www.washingtonexaminer.com/news/cdc-website-lists-over-3-700-virus-deaths-caused-by-intentional-and-unintentional-injury-poisoning-and-other-adverse-events>

July 17 - Questions raised after fatal motorcycle crash listed as COVID-19 death - Florida health official says man who died in motorcycle crash listed as coronavirus death - Dr. Raul Pino, an Orange County health officer, told Fox 35 News that a supposed coronavirus victim in his 20s died in a motorcycle crash and didn't have any underlying conditions. - <https://www.fox35orlando.com/news/fox-35-investigates-questions-raised-after-fatal-motorcycle-crash-listed-as-covid-19-death>

20 July 2020 - Florida Man Killed in Crash Listed as COVID-19 Death, Raising Doubts Over Health Data - Doubts over the accuracy of the official figures reported have been raised after a death was wrongly reported by the state health department to have been due to COVID-19. A person in their 20s, who was killed in a motorcycle accident, was initially reported to have died from COVID-19, according to Dr. Raul Pino, Health Officer for the Florida Department of Health in Orange County, Miami's WSVN reported. - <https://www.newsweek.com/florida-man-killed-crash-listed-covid-19-death-raising-doubts-over-health-data-1518994>

24 Jul, 2020 - 60-year-old gunshot victim, 90-year-old man who died from complications of a hip fracture, 77-year-old Parkinson's victim, several Alzheimer's sufferers, and a neck fracture -- In addition to the 60-year-old gunshot victim and the 90-year-old man who died from complications of a hip fracture, they included a 77-year-old Parkinson's victim, several Alzheimer's sufferers, and a neck fracture. The Palm Beach County Medical Examiner's office told the outlet the non-Covid deaths had been included by mistake and would be removed, adding that the Department of Health "should have" caught the mistakes before adding them to Florida totals. - <https://www.rt.com/usa/495806-florida-covid-deaths-unrelated-spike/>

July 24, 2020 - investigation into coronavirus deaths revealed several examples of people who died from something else other than the virus - An investigation into coronavirus deaths in a Florida county revealed several examples of people who died from something else other than the virus. CBS 12 News examined medical examiner's reports on COVID-19 deaths and found eight examples where a person was listed as a coronavirus death but had actually died from something else. This includes a 60-year-old man who died from a gunshot wound to the head, a 90-year-old who fell and broke a hip, and a 77-year-old who died of Parkinson's disease. - <https://www.washingtonexaminer.com/news/investigation-finds-several-deaths-in-florida-county-wrongly-attributed-to-coronavirus>

1 November 2020 - Coroner refuses to rule COVID-19 as cause of death of six-week-old baby after Connecticut governor claimed toddler was 'youngest coronavirus victim in the world' - <https://www.dailymail.co.uk/news/article-8193487/Coroner-refuses-rule-COVID-19-cause-death-six-week-old-Connecticut-baby.html>

3. How are corona positives being tested? Inflation of COVID-19 infected

What is the reliability of the PCR test to measure positive corona cases? September Study by Jaafar found that up to 97% of positive results could be false positives

PCR TEST (used to diagnose corona) - PCR tests have never been recognized for diagnosing any kind of virus, they are unreliable, extremely sensitive, and shows many false-positives. And it shows even more false positives if you increase the cycles at which the test is set (which is what most countries do)

4 March 2020 - Possibility in that diagnoses become so oriented towards COVID-19 that other more serious problems a patient has could be overlooked or missed. Such a situation was discussed in a letter to "The Lancet" titled "Covert COVID-19 and false-positive dengue serology in Singapore," published 4 Mar 2020 - [https://www.thelancet.com/action/showPdf?pii=S1473-3099\(20\)30158-4](https://www.thelancet.com/action/showPdf?pii=S1473-3099(20)30158-4)

7 March 2020 - Was the covid-19 Test Meant to Detect a Virus? -- <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/>

26 March 2020 - Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19 - <https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.25786>

26 March 2020 - The virus test kits used internationally are prone to errors and can produce false positive and false negative results. Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19 - <https://pubmed.ncbi.nlm.nih.gov/32219885/>

28th March 2020 - UK Healthcare Worker Says covid-19 Testing Kits Do Not Work - <https://www.thebernician.net/uk-healthcare-worker-says-covid-19-testing-kits-do-not-work/>

March 2020 - Potential false-positive rate among the 'asymptomatic infected individuals' in close contact with COVID-19 patients - Chinese Journal of Epidemiology - When the infection rate of the close contacts and the sensitivity and specificity of reported results were taken as the point estimates, the positive predictive value of the active screening was only 19.67%, in contrast, the false-positive rate of positive results was 80.33%. The multivariate-probabilistic sensitivity analysis results supported the base-case findings, with a 75% probability for the false-positive rate of positive results over 47% - https://www.researchgate.net/publication/339770271_Potential_false-positive_rate_among_the_'asymptomatic_infected_individuals'_in_close_contacts_of_COVID-19_patients

March 2020 - U.S. FDA's own fact sheet on testing acknowledges the dangers posed by false positives: The CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, the delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects. - Deleted - <https://www.fda.gov/media/134920/download%20> - Can be found <https://nxdgenmdx.com/wp-content/uploads/2020/03/Provider-COVID-19-SARS-CoV-2-Factsheet.pdf>

30 March 2020 - Dr Andrew Kaufman - Flawed Test - Dr Andrew Kaufman and MIT Graduate on this test procedure shows that the accuracy of the tests is unknown and reports an 80% false positive rate. This is because the RT PCR test is testing for RNA genetic material, not the COVID-19 because the COVID-19 virus has not been purified and isolated. - <https://www.youtube.com/watch?v=Xr8Dy5mnYx8>

7 April 2020 - Inventor of method used to test for COVID-19 didn't say it can't be used in virus detection - Kary Mullis creator of the PCR Test on its use for infectious diseases (1997) - Kary Banks Mullis was an American biochemist. In recognition of his invention of the polymerase chain reaction (PCR) technique, he received the 1993 Nobel Prize in Chemistry. Unfortunately, Mullis passed away last year at the age of 74, but there is no doubt that the biochemist regarded the PCR as inappropriate to detect a viral infection. <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/> - <https://www.bitchute.com/video/vsKaBsWhC3CQ/> - The Corona Simulation Machine: Why the Inventor of The "Corona Test" Would Have Warned Us Not To Use It To Detect A Virus - <https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/>

9 April 2020 - Unbeatable virus or false positive? Doctors alarmed after some Covid-19 patients test positive after recovering -- Troublesome results from South Korea and China, showing some of the patients who recovered from the coronavirus test positive again, could throw off widely accepted strategies for battling the virus, from shutdowns to vaccines. After about 50 recovered patients in the city of Daegu tested positive for Covid-19 again, the Korea Centers for Disease Control and Prevention (KCDC) launched an investigation into whether they were somehow reinfected, or if the virus had made a comeback. Other possibilities include false positives, if the tests pick up residue from the initial infection, or prolonged "shedding" of the virus load missed by the tests at discharge because the levels were just under the limit. 9 Apr, 2020 - <https://www.rt.com/news/485438-reactivation-reinfection-coronavirus-tests/>

22 April 2020 - Senator Rand Paul reports that statistics in the US show mortality rates inflated by 20 - 50 times - Senator Dr Rand Paul points out that US statistics show infection rates are significantly higher than reported, thus confirming that mortality rates have been vastly inflated. - <https://www.youtube.com/watch?v=VGZFrYKc9E>

30 April 2020 - Letter to WHO and Dr. Fauci - Extremely sensitive, no false-positive tests needed for SARS-CoV-2 - <https://childrenshealthdefense.org/wp-content/uploads/04-30-20-Letter-to-WHO-and-Dr.-Fauci.pdf>

3 May 2020 - Tests were found to be faulty after goat, sheep and pawpaw samples test positive for covid-19 - President Magufuli says tests were found to be faulty after goat, sheep and pawpaw samples test positive for COVID-19. They had randomly obtained several non-human samples, including from a pawpaw, a goat and a sheep, but had assigned them human names and ages. These samples were then submitted to Tanzania's laboratory to test for the coronavirus, with the lab technicians left deliberately unaware of their origins. Samples from the pawpaw and the goat tested positive for covid-19, the president said, adding this meant it was likely that some people were being tested positive when, in fact, they were not infected by the coronavirus. - <https://www.independent.co.uk/news/world/africa/coronavirus-tanzania-test-kits-suspicion-goat-pawpaw-positive-a9501291.html> - <https://www.aljazeera.com/news/2020/05/03/tanzania-president-questions-coronavirus-kits-after-animal-test/>

12 May 2020 - Interpreting a covid-19 test result - Jessica Watson GP and National Institute for Health Research doctoral research fellow, Penny FWhiting associate professor in clinical epidemiology, John E Brush professor of internal medicine - <https://www.bmj.com/content/369/bmj.m1808>

22 May 2020 - The Australian Regulator TGA said the Covid19 tests are unreliable - <https://www.tga.gov.au/search/node> - Language has already been updated from that site as you can see from a historical search: <https://web.archive.org/web/20200607060454/www.tga.gov.au/covid-19-testing-australia-information-health-professionals>

June 2020 - All-cause mortality during covid-19: No plague and a likely signature of mass homicide by government response -- Denis G. Rancourt, PhD Researcher, Ontario Civil Liberties Association (ocla.ca) --- https://www.researchgate.net/publication/341832637_All-cause_mortality_during_COVID-19_No_plague_and_a_likely_signature_of_mass_homicide_by_government_response

12 June 2020 - A CDC fact sheet also acknowledges the possibility of false positives with the PCR test. - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Factsheet-for-Patients-2019-nCoV.pdf>

15 June 2020 - The dangers of false positives with the PCR tests. Andrew Cohen, director of the Center for Research on Aquatic Bioinvasions, was hired by the state of California to study an invasion of non-native mussels. The researchers took water samples and used a PCR test to search for genetic material from the mussels. After the tests came back overwhelmingly positive, Cohen grew suspicious. "I began to realize that many of these — if not all of these — were false positives, especially when they started being reported in waters that had chemistry that would not allow the mussels to reproduce and establish themselves," he told NPR. NPR notes that, depending on the lab, there was a 2 to 8 percent false positive rate. Once COVID-19 was declared a pandemic, Cohen said he began asking if the reports of people with absolutely no symptoms and positive PCR test results could be false positives. "I began wondering whether these asymptomatic carriers weren't in large part or in whole part the human counterparts of those false-positive results of quagga and zebra mussels in all those water bodies across the West," he said. Cohen emphasized the importance of researchers taking potential false positive PCR results seriously. As near as we can tell, the medical establishment and public health authorities and researchers ... appear to be assuming that the false-positive rate in the PCR based test is zero, or at least so low that we can ignore it. - <https://www.npr.org/sections/health-shots/2020/06/15/871186164/what-zebra-mussels-can-tell-us-about-errors-in-coronavirus-tests>

27 Jun 2020 - COVID19 PCR Tests are Scientifically Meaningless Though the whole world relies on RT-PCR to "diagnose" Sars-Cov-2 infection, the science is clear: they are not fit for purpose - PCR test unsuitability: <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>

13 July 2020 - Tests do not rule out bacterial infection or co-infection with other viruses, from CDC - Results are for the identification of 2019-nCoV RNA. The 2019-nCoV RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities. -- Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. -- What this suggests is that a positive infection could be the result of co-infection with other viruses. According to the CDC it "does not rule out "bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease." (CDC) - <https://www.fda.gov/media/134922/download>

13 July 2020 - PCR tests are FOR RESEARCH ONLY. They are not designated for Diagnostic purposes - The detection result of this product is only for clinical reference, and it should not be used as the only evidence for clinical diagnosis and treatment. The clinical management of patients should be considered in combination with their symptoms/signs, history, other laboratory tests and treatment responses. The detection results should not be directly used as the evidence for clinical diagnosis, and are only for the reference of clinicians. For research use only! Not for use in diagnostic procedures! - https://coronavirus-altona-dx.com/files/public/Content%20Homepage-%2001%20AltoStar/INS%20AltoStar%20RUO%20EN/AltoStar%20SARS-CoV-2%20RT-PCR%20Kit%201.5_WEB_RUO_EN-S02.pdf

15 June 2020 A recent report from NPR outlines the dangers of false positives with the PCR tests. Andrew Cohen, director of the Center for Research on Aquatic Bioinvasions, was hired by the state of California to study an invasion of non-native mussels. The researchers took water samples and used a PCR test to search for genetic material from the mussels. After the tests came back overwhelmingly positive, Cohen grew suspicious. "I began to realize that many of these — if not all of these — were false positives, especially when they started being reported in waters that had chemistry that would not allow the mussels to reproduce and establish themselves," he told NPR. NPR notes that, depending on the lab, there was a 2 to 8 percent false positive rate. Once COVID-19 was declared a pandemic, Cohen said he began asking if the reports of people with absolutely no symptoms and positive PCR test results could be false positives. "I began wondering whether these asymptomatic carriers weren't in large part or in whole part the human counterparts of those false-positive results of quagga and zebra mussels in all those water bodies across the West," he said. Cohen emphasized the importance of researchers taking potential false positive PCR results seriously. As near as we can tell, the medical establishment and public health authorities and researchers ... appear to be assuming that the false-positive rate in the PCR based test is zero, or at least so low that we can ignore it. - <https://www.npr.org/sections/health-shots/2020/06/15/871186164/what-zebra-mussels-can-tell-us-about-errors-in-coronavirus-tests?i=1607173239313>

16 July 2020 - Why no-one can ever recover from COVID-19 in England - a statistical anomaly - PHE's (Public Health England) definition of the daily death figures means that everyone who has ever had COVID at any time must die with COVID too. So, the COVID death toll in Britain up to July 2020 will eventually exceed 290k, if the follow-up of every test-positive patient is of long enough duration. - <https://www.cebm.net/covid-19/why-no-one-can-ever-recover-from-covid-19-in-england-a-statistical-anomaly/>

16 July 2020 - Yoon K Loke and Carl Heneghan of the Centre for Evidence-Based Medicine at Oxford University, titled "Why no one can ever recover from Covid-19 in England - a statistical anomaly" -- Statistical flaw in the way that PHE compiles "out of hospital" deaths data, rather than any genuine difference between the regions of the UK: "Linking data on confirmed positive cases (identified through testing by NHS and PHE laboratories and commercial partners) to the NHS Demographic Batch Service: when a patient dies, the NHS central register of patients is notified (this is not limited to deaths in hospitals). The list of all lab-confirmed cases is checked against the NHS central register each day, to check if any of the patients have died." Here, it seems that PHE regularly looks for people on the NHS database who have ever tested positive, and simply checks to see if they are still alive or not. PHE does not appear to consider how long ago the COVID test result was, nor whether the person has been successfully treated in hospital and discharged to the community. Anyone who has tested COVID positive but subsequently died at a later date of any cause will be included on the PHE COVID death figures. By this PHE definition, no one with COVID in England is allowed to ever recover from their illness. A patient who has tested positive, but successfully treated and discharged from hospital, will still be counted as a COVID death even if they had a heart attack or were run over by a bus three months later. - <https://www.cebm.net/covid-19/why-no-one-can-ever-recover-from-covid-19-in-england-a-statistical-anomaly/>

17 Jul 2020 - Matt Hancock orders urgent review of PHE Covid-19 death figures - Move comes after it emerges statistics may include people who died of other causes - The UK health secretary, Matt Hancock, is ordering an urgent review of the daily Covid-19 death statistics produced by Public Health England, after it emerged that they may include recovered former sufferers who could have died of other causes. The oddity was revealed in a paper by Yoon K Loke and Carl Heneghan of the Centre for Evidence-Based Medicine at Oxford University, titled "Why no one can ever recover from Covid-19 in England - a statistical anomaly".

Their analysis suggests that PHE cross-checks the latest notifications of deaths against a database of positive test results – so that anyone who has ever tested positive is recorded in the Covid-19 death statistics. A Department of Health and Social Care source said: "You could have been tested positive in February, have no symptoms, then hit by a bus in July and you'd be recorded as a COVID death." "It seems that PHE regularly looks for people on the NHS database who have ever tested positive, and simply checks to see if they are still alive or not. PHE does not appear to consider how long ago the Covid test result was, nor whether the person has been successfully treated in hospital and discharged to the community," the authors said. Only days after Hancock called for the review of PHE data, the UK government put an immediate halt to its daily update of death numbers from COVID-19. - <https://www.theguardian.com/world/2020/jul/17/matt-hancock-calls-urgent-inquiry-phe-covid-19-death-figures>

20 July 2020 - State Lab Finds 90 Positive COVID-19 Test Results Were False - Ninety people who received positive COVID-19 results did not have the virus, according to the state Department of Public Health. The department said the state public health laboratory uncovered a flaw in one of the testing systems it uses to test for SARS-CoV-2, the virus that causes COVID-19, and 90 of 144 people tested between June 15 and July 17 received a false positive COVID test report. Many are nursing home residents. State officials said the flaw has been reported to the manufacturer and the federal Food and Drug Administration and DPH has taken immediate steps to make sure the patients are notified. - <https://www.msn.com/en-us/Health/medical/state-lab-finds-90-positive-covid-19-test-results-were-false/ar-BB16Yche?ocid=sf>

4 August 2020 - University of Oxford's Center for Evidence-Based Medicine and the University of the West of England found that the PCR test poses the potential for false positives when testing for COVID-19. Professor Carl Heneghan, one of the authors of the study, Viral cultures for COVID-19 infectivity assessment – a systematic review, said there was a risk that an increase in testing in the UK will lead to an increase in the risk of "sample contamination" and thus an increase in COVID-19 cases. Viral cultures for COVID-19 infectivity assessment – a systematic review - <https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v3.full.pdf>

5 August 2020 - Are you infectious if you have a positive PCR test result for covid-19? - The Centre for Evidence-Based Medicine - <https://www.cebm.net/covid-19/infectious-positive-pcr-test-result-covid-19/>

25 August 2020 - Thousands of Swedes got false positive COVID-19 result due to test kit fault - About 3,700 people in Sweden were told in error that they had the coronavirus due to a fault in a COVID-19 testing kit from China, the Public Health Agency said on Tuesday. The kit from BGI Genomics could not distinguish between very low levels of the virus and a negative result, the agency said. "The supplier must adjust the performance that is required for this test to be used," Karin Tegmark Wisell, the head of its microbiology department, said. - 25 August 2020

September 2020 - In September, a number of important revelations regarding the PCR test have come to light. Study by Jaafar found that up to 97% of positive results could be false positives.

1 September 2020 - "Dead" Virus Cells Frequently Trigger "False Positives" In Most Common COVID Test, New Study Finds - New research from the University of Oxford's Center for Evidence-Based Medicine and the University of the West of England found that the swab-based technique used for most COVID-19 testing is at risk of returning "false positives" since copies of the virus's RNA detected by the tests might simply be dead, inactive material from a weeks-old infection. They say that patients infected with COVID-19 are typically only infectious for a week or less, tests can be triggered by virus genetic material left over from a weeks-old infection. Professor Heneghan warned of "the dangers of isolating non-infectious people or whole communities" based on the flaws PCR tests. - <https://www.spectator.co.uk/article/coronavirus-cases-are-mounting-but-deaths-remain-stable-why->

3 September 2020 - Covid-19: the problems with case counting -- From 10 to 16 August 2020, covid-19 case detections in England rose to 6418, up from 5763 the week before, Public Health England's surveillance report shows.1 This fits in with the wider trend of a steady increase in cases since the beginning of July.2 So, is this the much feared second wave? Experts are increasingly concerned that these headline figures don't provide a clear picture of what's really happening in the pandemic—or how we should respond, such as with local lockdowns. - <https://www.bmj.com/content/370/bmj.m3374>

3 September 2020 - A review from the University of Oxford's Centre for Evidence-Based Medicine sheds some light on just how effective tests really are. The standard PCR swab test is so sensitive, said scientists, that it can detect old infections by picking up fragments of dead viral cells. In reality, people infected with the coronavirus are only infectious for about a week, but could still test positive after several weeks. This may have led to an inaccurate count of cases, and current figures of positive patients may be an over-estimate. - <https://www.bmj.com/content/370/bmj.m3374>

5 September 2020 - In the first weeks of September, a number of important revelations regarding the PCR test have come to light. First, new research from the University of Oxford's Center for Evidence-Based Medicine and the University of the West of England found that the PCR test poses the potential for false positives when testing for COVID-19. Professor Carl Heneghan, one of the authors of the study, Viral cultures for COVID-19 infectivity assessment – a systematic review, said there was a risk that an increase in testing in the UK will lead to an increase in the risk of "sample contamination" and thus an increase in COVID-19 cases. Professor Carl Heneghan, writes that the COVID-19 virus would never disappear, if this test practice were to be continued, but would always be falsely detected, in much of what is tested. - <https://www.bbc.com/news/health-5400629> Research paper - <https://www.medrxiv.org/content/10.1101/2020.08.04.20167932v3.full.pdf>

8 September 2020 - PCR test is the key to the pandemic fraud - John O'Sullivan from Principia Scientific International (PSI) - John is not only a seasoned science writer but adept legal analyst who assisted Dr Ball in defeating world leading climate expert, Michael 'hockey stick' Mann in the 'science trial of the century'. We serve the public interest in providing educational resources freely in the fields of scientific inquiry. Principia Scientific International CIC is about transparency and truth; the only publishing international science association shunning political advocacy and defending the traditional scientific method, as extolled by Karl Popper. The essence of genuine scientific inquiry shall exemplify the sui generis, or the abiding maxim that goodness is indefinable and exists in science only insofar as the pursuit of truth ought to be our abiding goal. Our members feel a moral duty to preserve the traditional methods of open scientific inquiry free from persecution, ridicule and censure. - The covid-19 PCR Test Is Key to the Pandemic Fraud - <https://principia-scientific.com/the-covid-19-pcr-test-is-key-to-the-pandemic-fraud/>

8 September 2020 -- On September 8, Carl Heneghan of the Centre for Evidence-Based Medicine at Oxford University tweeted out another study on the limitations of the PCR test. The study, "SARS-CoV-2 Testing: The Limit of Detection Matters," examines the limit of detection (LoD) for RNA. The researchers note similar problems with the PCR test and the cycle threshold, concluding, "the ultimate lesson from these studies bears repetition: LoD matters and directly impacts efforts to identify, control, and contain outbreaks during this pandemic." - <https://twitter.com/carlheneghan/status/130322981382670711> --- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7302192/>

9 September 2020 - The UK's leading health agency, Public Health England, released an update on the testing methods used to detect COVID-19 and appeared to agree with Professor Heneghan regarding the concerns on the cycle threshold. On September 9, PHE released an update which concluded, "all laboratories should determine the threshold for a positive result at the limit of detection." <https://twitter.com/carlheneghan/status/1303220734689501184> -- <https://www.gov.uk/government/publications/sars-cov-2-ma-testing-assurance-of-positive-results-during-periods-of-low-prevalence/assurance-of-sars-cov-2-ma-positive-results-during-periods-of-low-prevalence>

9 September 2020 - On September 9, PHE released an update which concluded, "all laboratories should determine the threshold for a positive result at the limit of detection." - <https://www.gov.uk/government/publications/sars-cov-2-ma-testing-assurance-of-positive-results-during-periods-of-low-prevalence/assurance-of-sars-cov-2-ma-positive-results-during-periods-of-low-prevalence>

11 September 2020 - "The Covid virus would never disappear if this test practice were to be continued, but would always be—falsely—detected in much of what is tested" says Oxford Professor Carl Heneghan, Director of the Center for Evidence-Based Medicine - When is Covid, Covid?: <https://www.cebm.net/covid-19/when-is-covid-covid/>

20 September 2020 - The unsuitability of the PCR test for the detection of infectious diseases -- Dr Mike Yeadon is the former vice president and scientific director of Pfizer - Dr Yeadon in his piece: 'Lies, Damned Lies and Health Statistics - the Deadly Danger of False Positives' explains the complete unsuitability of the test for the detection of infectious diseases, covid 19 has tested positive in goats, sheep, papayas and even chicken wings - <https://lockdownsepts.org/lies-damned-lies-and-health-statistics-the-deadly-danger-of-false-positives/>

20 September 2020 - Chief Science Officer for Pfizer Says "Second Wave" Faked on False-Positive covid Tests, "Pandemic Is Over" - <https://www.globalresearch.ca/chief-science-officer-pfizer-says-second-wave-faked-false-positive-covid-tests-pandemic-over/5724753>

27. sep. 2020 - CASEdemic - Our epidemic has waned - and has been replaced with an irrational, unscientific Casademic. A "casedemic" is an epidemic that can only be identified by mass testing, because cases are so mild that people don't know they have a virus. It carries no surge in hospitalization or rampant illness. - <https://www.youtube.com/watch?v=bRaPUZmh3rl>

28 September 2020 - Study by Jaafar et al., which found that – when running PCR tests with 35 cycles or more – the accuracy dropped to 3%, meaning up to 97% of positive results could be false positives. Correlation Between 3790 Quantitative Polymerase Chain Reaction–Positive Samples and Positive Cell Cultures, Including 1941 Severe Acute Respiratory Syndrome Coronavirus 2 Isolates - <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

1 October 2020 - COVID-19 Testing in Australia - information for health professionals - <https://www.tga.gov.au/covid-19-testing-australia-information-health-professionals>

4 October 2020 - The Trouble With PCR Tests -- Swiss Policy Research (SPR), founded in 2016, is an independent, nonpartisan and nonprofit research group investigating geopolitical propaganda in Swiss and international media. SPR is composed of independent academics and receives no external funding. - <https://swprs.org/the-trouble-with-pcr-tests/>

27 October 2020 - The role of the PCR test and the fatal effects of the massive experimental administration of highly toxic drugs to so-called covid-19 patients -- Dr Claus Köhnlein, who wrote "Virus Mania in the media" with journalist Torsten Engelbrecht "How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits at Our Expense" -- Samantha Bailey, physician from New Zealand, interviews Claus Köhnlein, MD, on her YouTube channel about the fatal effects of the massive experimental administration of highly toxic drugs to so-called covid-19 patients and the role of the PCR test. Dr. Sam Bailey's Youtube channel, 27 October 2020 - https://www.youtube.com/watch?v=LT0Snz8A4&feature=emb_logo

12 Nov. 2020 - - Results of COVID-19 antibody tests may not always be accurate, especially if the test was done too soon after infection or the test quality is questionable. Many different manufacturers rushed to put antibody tests on the market with little oversight. Now the U.S. Food and Drug Administration posts data online about the performance of certain antibody tests. COVID-19 antibody testing could lead to false-positive or false-negative test results - <https://www.mayoclinic.org/tests-procedures/covid-19-antibody-testing/about/pac-20489696>

13 November 2020 - Elon Musk says he tested both positive and negative twice for covid-19 in one day and claims 'something extremely bogus' is happening -- 13 November 2020. Musk revealed he took four tests in a day, 'same machine, same test, same nurse'. Tesla boss said two were positive, two negative. He called it 'extremely bogus'. The 49-year-old warned 'if it's happening to me, it's happening to others'. Musk has repeatedly downplayed virus - calling lockdown measures 'fascist'. FDA says negative test results should be reviewed by a molecular testing method - <https://www.dailymail.co.uk/news/article-8945123/Elon-Musk-says-tested-positive-negative-twice-covid-19-one-day.html>

20 Nov 2020 - Portuguese Court Rules PCR Tests "Unreliable" & Quarantines "Unlawful" Important legal decision faces total media blackout in Western world - <https://off-guardian.org/2020/11/20/portuguese-court-rules-pcr-tests-unreliable-quarantines-unlawful/> --- <https://greatgameindia.com/portuguese-court-pcr-tests-unreliable/>

The unsuitability of the PCR test for the detection of infectious diseases -- Dr Mike Yeadon is the former vice president and scientific director of Pfizer - Dr Yeadon in his piece: 'Lies, Damned Lies and Health Statistics - the Deadly Danger of False Positives' explains the complete unsuitability of the test for the detection of infectious diseases, covid 19 has tested positive in goats, sheep, papayas and even chicken wings - <https://lockdownsepts.org/lies-damned-lies-and-health-statistics-the-deadly-danger-of-false-positives/>

COVID-19: What Does a Positive PCR Test Mean? Association of American Physicians and Surgeons - <https://aapsonline.org/covid-19-what-does-a-positive-pcr-test-mean/>

How many covid diagnoses are false positives - <https://www.spectator.co.uk/article/how-many-covid-diagnoses-are-false-positives->

Why your positive test result is likely wrong - Rob Verkerk PhD - - <https://www.anhinternational.org/news/why-your-positive-test-result-is-likely-wrong/>

Impact of false-positives and false-negatives in the UK's covid-19 RT-PCR testing programme - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895843/S0519_Impact_of_false_positives_and_negatives.pdf

27 November 2020 - This extensive review report has been officially submitted to Eurosurveillance editorial board on 27th November 2020 via their submission-portal, enclosed to this review report is a retraction request letter, signed by all the main & co-authors. First and last listed names are the first and second main authors. All names in between are co-authors. External peer review of the RTPCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results. - <https://cormandrostereview.com/report/>

28 November 2020 - Retraction request letter to Eurosurveillance editorial board - Eternal Review and request to retract the paper of Corman et al, published in Eurosurveillance January 23, 2020. - <https://cormandrostereview.com/retraction-request-letter-to-eurosurveillance-editorial-board/>

1 December 2020 - !!Urgent!! Petition / motion for administrative/regulatory action regarding confirmation of efficacy end points and use of data in connection with the following clinical trial(s): phaseiii - eudract number: 2020-002641-42 sponsor protocol number: c4591001 sponsor: biotech se (societas europaea), an der goldgrube 12, 55131 mainz, germany and any other ongoing clinical trials of vaccine candidates designed to stop transmission of the virus from the vaccine recipient to others and/or to prevent covid-19 or mitigate symptoms of covid-19 for which pcr results are the primary evidence of infection with sars-cov-2 -- In light of our re-examination of the test protocol to identify SARS-CoV-2 described in the Corman-Drosten paper we have identified concerning errors and inherent fallacies which render the SARS-CoV-2 PCR test useless. The decision as to which test protocols are published and made widely available lies squarely in the hands of Eurosurveillance. A decision to recognise the errors apparent in the Corman/Drosten paper has the benefit to greatly minimise human cost and suffering going forward. Is it not in the best interest of Eurosurveillance to retract this paper? Our conclusion is clear. In the face of all the tremendous PCR/protocol design flaws and errors described here, we conclude: There is not much of a choice left in the framework of scientific integrity and responsibility. - https://2020news.de/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf

Covid-19 tests may be detecting traces of DEAD virus, giving 'false positives' and EXAGGERATING pandemic -

24 Aug 2020 - Clinical, immunological and virological characterization of COVID-19 patients that test re-positive for SARS-CoV-2 by RT-PCR - Some COVID-19 cases test positive again for SARS-CoV-2 RNA following negative test results and discharge, raising questions about the meaning of virus detection. Better characterization of re-positive cases is urgently needed. - Findings: Among 619 discharged COVID-19 cases, 87 re-tested as SARS-CoV-2 positive in circumstances of social isolation. All re-positive cases had mild or moderate symptoms at initial diagnosis and were younger on average (median, 28). Re-positive cases (n = 59) exhibited similar neutralization antibodies (NAbs) titre distributions to other COVID-19 cases (n = 218) tested here. No infectious strain could be obtained by culture and no full-length viral genomes could be sequenced from re-positive cases. -- Interpretation: Re-positive SARS-CoV-2 cases do not appear to be caused by active reinfection and were identified in ~14% of discharged cases. A robust NAb response and potential virus genome degradation were detected in almost all re-positive cases, suggesting a substantially lower transmission risk, especially through respiratory routes. - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444471/>

1 September 2020 - Coronavirus cases are mounting but deaths remain stable. Why? - Something rather odd is happening in the two European nations worst hit by Covid-19. The UK and Italy have a rising number of cases but a stable and very low number of deaths, even weeks after the cases started rising again. Evidence is mounting that a good proportion of 'new' mild cases and people re-testing positives after quarantine or discharge from hospital are not infectious, but are simply clearing harmless virus particles which their immune system has efficiently dealt with. Those whose immunity is more active are exactly in the age group of observed 'positives' and least likely to end with severe disease. -- Written by Prof Carl Heneghan & Tom Jefferson. Carl Heneghan is professor of evidence-based medicine at the University of Oxford and director of the Centre for Evidence-Based Medicine. Tom Jefferson is a senior associate tutor and honorary research fellow at the Centre for Evidence-Based Medicine, University of Oxford - <https://www.spectator.co.uk/article/coronavirus-cases-are-mounting-but-deaths-remain-stable-why->

5 Sep 2020 - Covid-19 tests may be detecting traces of DEAD virus, giving 'false positives' and EXAGGERATING pandemic - New research has discovered that coronavirus tests may be finding dead traces from weeks-old infections, resulting in false positives that inflate the scale of the pandemic. The study was carried out by experts from the University of Oxford's Centre for Evidence-Based Medicine and the University of the West of England. It found there was a risk of "false positives" because of how Covid-19 testing is being conducted. The scientists discovered that, despite people with Covid-19 being infectious for only around a week, one test used to detect the disease can still give a positive reading weeks after the patient has recovered. Professor Carl Heneghan, one of the authors of the study, said "Evidence is mounting that a good proportion of 'new' mild cases and people re-testing positives after quarantine or discharge from hospital are not infectious, but are simply clearing harmless virus particles which their immune system has efficiently dealt with," he wrote in The Spectator magazine. Professor Heneghan said an "international effort" was required to avoid "the dangers of isolating non-infectious people or whole communities".

PCR cycles - Your Coronavirus Test Is Positive. Maybe It Shouldn't Be - 90% of the positive PCR tests reviewed "carried barely any virus"

20 Jul 2020 - Governments and private labs have been very tight-lipped about the exact number of cycles they run when PCR testing, but it is known to sometimes be as high as 45. The vision of point-of-care PCR tests for the COVID-19 pandemic and beyond - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7369599/>

29 August 2020 - Your Coronavirus Test Is Positive. Maybe It Shouldn't Be - 90% of the positive PCR tests reviewed "carried barely any virus" - "The PCR test amplifies genetic matter from the virus in cycles; the fewer cycles required, the greater the amount of virus, or viral load, in the sample. The greater the viral load, the more likely the patient is to be contagious. "This number of amplification cycles needed to find the virus, called the cycle threshold, is never included in the results sent to doctors and coronavirus patients, although it could tell them how infectious the patients are. "In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by The Times found." Channel 12 News reported that while Germany uses 30 amplification cycles, Singapore 32, and the United States 34, Israel uses up to a full 37 amplification cycles to detect viral genetic matter. Many experts agree that anything higher than 30 amplification cycles will result in inactive, dead, or clinically insignificant amounts of the virus being detected, therefore causing the test to show as positive. covid-19 public policy is based on case numbers according to positive tests, not deaths, not hospitalizations, not ICU capacity, not ventilators, and not the infection fatality rate. Wheeler said: "Public policy for covid-19 is based on case numbers, which means, public policy is based on these positive tests, the majority of which - according to the New York Times - should be negative. 29/08/2020 - <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>

31 Aug 2020 - PCR cycles - Up To 90% Of People Who Test Positive For covid-19 No Longer Contagious, 'Don't Need To Isolate' - Coronavirus Case Counts Are Meaningless. Unless you know something about testing. And even then, it gets complicated. Nathaniel Read Silver statistician - <https://fivethirtyeight.com/features/coronavirus-case-counts-are-meaningless/> The current PCR test analyzes genetic matter from the virus using 37 or 40 cycles, but health experts say that is too high because it detects even small amounts of the virus that pose no risk of contagion. "Tests with thresholds so high may detect not just live virus but also genetic fragments, leftovers from infection that pose no particular risk — akin to finding a hair in a room long after a person has left," Dr. Michael Mina, an epidemiologist at the Harvard T.H. Chan School of Public Health, told the paper. - <https://www.dailywire.com/news/ny-times-up-to-90-of-people-who-test-positive-for-covid-19-no-longer-contagious-dont-need-to-isolate>

Spread

14 April 2020 - Spread of SARS-CoV-2 in the Icelandic Population Gudbjartsson et al. NEJM, April 14, 2020, p1-14. <https://doi.org/10.1056/nejmoa2006100>

15 March 2020 - Iceland - Ministry of Foreign Affairs - March 15th 2020, <https://www.government.is/news/article/2020/03/15/Large-scale-testing-of-general-population-in-Iceland-underway/>

9 April 2020 - ZDF - German TV - Interview Prof. Klaus Püschel. April 9, 2020. - <https://www.zdf.de/gesellschaft/markus-lanz/markus-lanz-vom-9-april-2020-100.html>

6 May 2020 - What is behind South Korea's COVID-19 exceptionalism? by Derek Thompson - <https://www.theatlantic.com/ideas/archive/2020/05/whats-south-koreas-secret/611215/>

Sweden - <https://www.brusselstimes.com/opinion/107000/comparing-swedens-covid-19-testing-with-others-in-europe/>

Sweden - <https://www.thelocal.se/20200320/fact-check-has-sweden-stopped-testing-people-for-the-coronavirus>

4. What models are the danger predictions based on? Imperial Model proved false, modeler resigned

Predictions about corona - What models are the danger predictions based on? Reliability of models used to predict corona

THE IMPERIAL COLLEGE MODEL IS TOTALLY UNRELIABLE, MODELER RESIGNS -- Wich UK, US, and many other countries based their doom predictions on, is Totally Unreliable - The Imperial College model of Professor Neil Ferguson is based on undocumented, 13-year-old computer code that was intended to be used for a feared influenza pandemic, rather than a coronavirus. Ferguson has also a record of wrong predictions - 6 May 2020 'Professor Lockdown' Modeler Resigns in Disgrace - 17 May 2020, Experts Finally Declare Imperial College Coronavirus Model That Predicted 2.2M Dead In U.S 'Totally Unreliable'

27 March 2020 - Dr Deborah Birx on the Imperial College model vs. the Oxford model: "The predictions of the models don't match the reality on the ground" - <https://hotair.com/archives/allahpundit/2020/03/27/birx-imperial-college-model-vs-oxford-model-predictions-models-dont-match-reality-ground/>

28 March 2020 - Neil Ferguson, the scientist who convinced Boris Johnson of UK coronavirus lockdown, criticised in past for flawed research - Professor Neil Ferguson predicted Britain was on course to lose 250,000 lives during the coronavirus epidemic - <https://www.telegraph.co.uk/news/2020/03/28/neil-ferguson-scientist-convicted-boris-johnson-uk-coronavirus-lockdown-criticised/>

28 March 2020 - Johan Giesecke, the former chief scientist for the European Center for Disease Control and Prevention, has called Ferguson's model "the most influential scientific paper" in memory. He also says it was, sadly, "one of the most wrong." - <https://www.telegraph.co.uk/news/2020/03/28/neil-ferguson-scientist-convicted-boris-johnson-uk-coronavirus-lockdown-criticised/>

29 March 2020 - Professor who predicted 500,000 Britons could die from coronavirus and prompted Boris Johnson to order lockdown accused of having 'patchy record of modelling pandemics' - Professor Neil Ferguson, director at Imperial College, London, authored report. He said even plans to slow the virus would result in around 250,000 deaths. Rival academic Professor Michael Thrusfield accused his work of being 'patchy' Coronavirus symptoms: what are they and should you see a doctor? <https://www.dailymail.co.uk/news/article-8164121/Professor-predicted-500-000-Britons-die-coronavirus-accused-having-patchy-record.html>

4 May 2020 - Ferguson's Imperial College model has been proven wildly inaccurate. To cite just one example, it saw Sweden paying a huge price for no lockdown, with 40,000 COVID deaths by May 1, and 100,000 by June. Sweden now has 2,854 deaths and peaked two weeks ago. As Fraser Nelson, editor of Britain's Spectator, notes: "Imperial College's model is wrong by an order of magnitude." - <https://johnhcochrane.blogspot.com/2020/05/an-sir-model-with-behavior.html>

5 May 2020 - With all of his influence, it's not surprising British media are making a great deal about Ferguson being forced to resign from the government's virus advisory board yesterday after revelations he had violated lockdown rules he had championed in order to conduct an affair with a married woman. Ferguson admits he made an "error of judgement and took the wrong course of action." - <https://www.telegraph.co.uk/news/2020/05/05/exclusive-government-scientist-neil-ferguson-resigns-breaking/>

6 May 2020 - 'Professor Lockdown' Modeler Resigns in Disgrace - Neil Ferguson is the British academic who created the infamous Imperial College model that warned Boris Johnson that, without an immediate lockdown, the coronavirus would cause 500,000 deaths and swamp the National Health Service. - <https://www.nationalreview.com/corner/professor-lockdown-modeler-resigns-in-disgrace/>

6 May 2020 - Elon Musk calls Ferguson an "utter tool" who does "absurdly fake science." - Elon Musk called one of the world's top lockdown advocates an 'utter tool' who does 'absurdly fake science' after he was caught breaking his own rules to meet his lover - <https://www.businessinsider.com/elon-musk-prof-neil-ferguson-resigned-moron-absurdly-fake-science-2020-5?US&IR=T>

6 May 2020 - Code Review of Ferguson's Model - Source code of Ferguson's epidemiological model: <https://lockdownsceptics.org/code-review-of-fergusons-model/>

6 May 2020 - 'Professor Lockdown' Modeler Resigns in Disgrace - <https://www.nationalreview.com/corner/professor-lockdown-modeler-resigns-in-disgrace/>

9 May 2020 - Second Analysis of Ferguson's Model - <https://lockdownsceptics.org/second-analysis-of-fergusons-model/>

16 May 2020 - Neil Ferguson's Imperial model could be the most devastating software mistake of all time: <https://www.telegraph.co.uk/technology/2020/05/16/neil-fergusons-imperial-model-could-devastating-software-mistake/>

16 May 2020 - Imperial College model Britain used to justify lockdown a 'buggy mess', 'totally unreliable', experts claim - The heralded model United Kingdom experts have largely used to guide their coronavirus policies is "totally unreliable," according to experts. The criticisms follow a series of policy turnabouts, including Prime Minister Boris Johnson's decision to extend the national lockdown. The United States also used the model, which predicted upwards of 2.2 million deaths in the US without proper action. The prediction helped influence the White House to adopt a more serious approach to the pandemic. - <https://www.foxnews.com/world/imperial-college-britain-coronavirus-lockdown-buggy-mess-unreliable>

17 May 2020 - Experts Finally Declare Imperial College Coronavirus Model That Predicted 2.2M Dead In U.S. 'Totally Unreliable' - <https://www.dailywire.com/news/experts-finally-declare-imperial-college-coronavirus-model-that-predicted-2-2m-dead-in-u-s-totally-unreliable>

11 June 2020 - How Replicable is the Imperial College Model? <https://lockdownsceptics.org/how-replicable-is-the-imperial-college-model/>

15 September 2020 - Professor's model for coronavirus predictions should not have been used - The response to Covid-19 in the UK, the US and other countries was shaped by the dramatic headlines in mid-March, suggesting 550,000 deaths in the UK and 2.2 million in the US. Faced with widely publicised, alarming figures, as demonstrated by Imperial College's Professor Neil Ferguson, governments were forced to react with the unprecedented lockdown to suppress Covid-19. No one looked at his ten years of predictions that were wrong. His previous model produced wildly inaccurate results. - <https://www.thetimes.co.uk/article/professors-model-for-coronavirus-predictions-should-not-have-been-used-z7dqkzdd>

The model of Peter Doherty Institute in Australia - A major error in the modelling meant the number of people that would need ICU beds was dramatically over-estimated, making the potential impacts of the pandemic appear much worse

10 September 2020 - Peter Doherty Institute in Australia - A major error has been discovered in the COVID-19 modelling used by the Federal Government to send Australia into a tough lockdown. The Daily Telegraph has revealed an error in the modelling meant the number of people that would need ICU beds was dramatically over-estimated, making the potential impacts of the pandemic appear much worse. - <https://www.news.com.au/world/coronavirus/australia/coronavirus-australia-mistake-in-covid-modelling-that-informed-lockdown/news-story/ed597d740d845649de9e7b31c123bee7>

Dr. Fauci Model

10 Oct 2020 - Dr. Anthony Fauci Should Listen to His Earlier Self: Put Not Your Trust in Models - <https://townhall.com/columnists/jayrichards/2020/10/10/dr-anthony-fauci-should-listen-to-his-earlier-self-put-not-your-trust-in-models-n2577795>

5. The Corona Scandal - Covid-19 statistics are unreliable, evidence of pandemic fraud, Global "Coup d'Etat"

Governments dont even have documentation for a "COVID-19 virus" isolation - the basic scientific prove for the existence of covid-19 virus

No record of a "COVID-19 virus" isolated

31. mar. 2020 - Dr Thomas Cowan - Koch's Postulates - Conditions not met - Viruses are verified by using Koch's Postulates of which four conditions must be met - COVID-19 does not meet any of them. The second step to isolate the virus, has not been done - how therefore can we accurately test for it - <https://www.youtube.com/watch?v=m3LgrcDAIJs>

6 June 2020 - US - Dr. Tom Cowan "First, in the section titled 'Whole Genome Sequencing,' we find that rather than having isolated the virus and sequencing the genome from end to end, they found 37 base pairs from unpurified samples using PCR probes. This means they actually looked at 37 out of the approximately 30,000 of the base pairs that are claimed to be the genome of the intact virus. They then took these 37 segments and put them into a computer program, which filled in the rest of the base pairs." "To me, this computer-generation step constitutes scientific fraud. Here is an equivalency: A group of researchers claim to have found a unicorn because they found a piece of a hoof, a hair from a tail, and a snippet of a horn. They then add that information into a computer and program it to re-create the unicorn, and they then claim this computer re-creation is the real unicorn. Of course, they had never actually seen a unicorn so could not possibly have examined its genetic makeup to compare their samples with the actual unicorn's hair, hooves and horn." "The researchers claim they decided which is the real genome of SARS-CoV-2 by 'consensus,' sort of like a vote. Again, different computer programs will come up with different versions of the imaginary 'unicorn,' so they come together as a group and decide which is the real imaginary unicorn." Document Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States June 2020 https://wwwnc.cdc.gov/eid/article/26/6/20-0516_article

13 July 2020 - US - The CDC admits there is no proper isolation of the covid19 virus - The CDC document is titled, "CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel." On page 39, in a section titled, "Performance Characteristics," we have this: "Since no quantified virus isolates of the 2019-nCoV are currently available, assays [diagnostic tests] designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA..." The key phrase there is: "Since no quantified virus isolates of the 2019-nCoV are currently available" - <https://www.fda.gov/media/134922/download>

July 2020 - Canada - Access to Information Act, Health Canada has no record describing the isolation of any Covid-19 virus - Health Canada response file: A-2020-000208 / BH under the Access to Information Act R.S.C. says that Health Canada has no record describing the isolation of any Covid-19 virus. - <https://www.fluoridefreepeel.ca/wp-content/uploads/2020/06/Health-Canada-FinalResponse-A-2020-00208-2020-06-13.pdf>

16 october 2020 - AU - Freedom of Information Requests around the world seeking documents of the isolation of Covid19 have been met with official responses to the negative. See FOI Formal Responses (The Australian FOI request is p27-28 of the pdf "The [Australian Health] department does not hold the documents you are seeking access to.") - <https://www.fluoridefreepeel.ca/wp-content/uploads/2020/10/FOI-and-formal-responses-re-covid19-virus-isolation-purification-from-20-institutions-Oct-16-2020.pdf>

28 October 2020 - UK - Freedom of Information request - Full, accurate and complete disclosure of SARS-COV-2 virus records -- "Please provide a full, accurate and complete list of records held within your office, and or under your authority, describing the isolation of a SARS-COV-2 virus, directly taken from a symptomatic patient of COVID-19 where the sample was not first combined with any other source of genetic material (not limited but by way of example monkey kidney cells, aka vero cells, liver cancer cells) thereby eliminating contamination as a possible alternative source of sampling. Please note isolation is used in the normally understood meaning of the word - the act of separating a thing from another. I am not referring, and hence not requesting, to isolation meaning the culture of something else, the performance of an amplification test (eg PCR test which only detect mRNA or DNA) or the sequencing of "something". If any records match the above description and are available to the public elsewhere, please provide enough information so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, and weblink or location where the public may access it). - Freedom of Information, Department of Health and Social Care "DHSC does not hold information on the isolation of a SARS-COV-2 virus." - https://www.whatdotheyknow.com/request/full_accurate_and_complete_discl_5?nocache=incoming-1666239#incoming-1666239

17 Nov 2020 - COVID19 - Evidence Of Global Fraud - COVID 19, and the subsequent governmental responses, appear to be part of an international conspiracy to commit fraud. It seems there is no evidence that a virus called SARS-CoV-2 causes a disease called COVID 19. D-Salud-Discovery state there are no tests capable of identifying SARS-CoV-2. Consequently, all claims about the alleged impact of COVID 19 on population health are groundless. The entire official COVID 19 narrative is a deception. Ostensibly, there is no scientific foundation for any part of it. - <https://off-guardian.org/2020/11/17/covid19-evidence-of-global-fraud/>

The Corona Scandal - The Real Danger of the Coronavirus Situation is Those who profit financially and politically

Covid-19 statistics are unreliable, Evidence of Pandemic Fraud - The actual danger of the disease is massively exaggerated by those who seek to profit - financially or politically - from the ensuing panic. The Greatest Hoax Ever Perpetrated on an Unsuspecting Public". The Covid "Pandemic": Destroying People's Lives. Engineered Economic Depression. Global "Coup d'Etat"

Covid-19 is no more dangerous than the flu. There are several common types of corona viruses in circulation each year, usually they cause mild to moderate upper-respiratory tract illnesses, like the common cold. Most people with common human coronavirus illness will recover on their own. The problem of covid-19 is overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for covid-19 til May 2020. In particular compare the deaths from covid-19, with the deaths by the flu wave of 2017/18. Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths during the influenza wave 2017/18.

The infection fatality rate is not 3.4% as WHO says, or 1% as Dr. Fauci says. No expert comes to those numbers, the infection fatality rate given by independent experts and studies are as low as 0.01%, the highest being 0.43%. The most thorough research to date is probably the META-ANALYSIS of Prof. Ioannidis, which was published at WHO webpage the 14th October 2020, the results IFR 0.23%, there are though factors that may make the number even lower.

The list presented here has not been an exhaustive one, however, I hope you realize how many experts have disagreed with the mainstream panic messages, from the beginning of this scandal, it was a false pandemic alarm. Lets recapitulate, there has been misreporting by WHO, health ministries, centers of disease control, governments, and media

- 1. Exaggeration of infection fatality rates
- 2. Inflation of COVID-19 deaths, by a change of guidelines in reporting covid-19
- 3. Inflation of COVID-19 infected, by a PCR test that is oversensitive, and shows an increasing false positives the higher the cycle is set
- 4. Exaggerated death predictions by models that proved false

This shows the Covid-19 statistics are unreliable, and is evidence of pandemic fraud. How deep does the rabbit hole go?

The actual danger of the disease is massively exaggerated by those who seek to profit – financially or politically – from the ensuing panic – Governments love crises because when the people are fearful they are more willing to give up freedoms for promises that the government will take care of them. - NSA whistleblower Edward Snowden already warned that the reported corona crisis is used for a massive expansion of global surveillance and control measures, which will not be dismantled afterwards. - UN Secretary-General Antonio Guterres warns against countries adopting 'repressive measures' amid coronavirus crisis. - Italian member of parliament denounces the Statistical Fraud on COVID-19, false statistics are being used to terrorize the citizens of Italy and establish a dictatorship. - SPR investigates corona propaganda in the media, someone trying to add a political or geopolitical spin to the current situation. - German Official Leaks Report Denouncing Corona as 'A Global False Alarm'. - Doctors and Scientists Question Official Covid-19 Story, call for the end of all lockdowns. - David Sieber (member of the Green Party in Germany) suggested that we hear the other scientists, he was called a conspiracy theorist, and stripped him of his mandates - Covid-19: politicisation, "corruption," and suppression of science. - The Covid "Pandemic": Destroying People's Lives. Engineered Economic Depression. Global "Coup d'Etat".

16 March 2020 - The Danger of the Coronavirus Hoax, Ron Paul - the actual danger of the disease is massively exaggerated by those who seek to profit – financially or politically – from the ensuing panic – Governments love crises because when the people are fearful they are more willing to give up freedoms for promises that the government will take care of them. After 9/11, for example, Americans accepted the near-total destruction of their civil liberties in the PATRIOT Act's hollow promises of security. - On Face the Nation, Fauci did his best to further damage an already tanking economy by stating, "Right now, personally, myself, I wouldn't go to a restaurant." He has pushed for closing the entire country down for 14 days. Over what? A virus that has thus far killed just over 5,000 worldwide and less than 100 in the United States? By contrast, tuberculosis, an old disease not much discussed these days, killed nearly 1.6 million people in 2017. Where's the panic over this? If anything, what people like Fauci and the other fearmongers are demanding will likely make the disease worse. The martial law they dream about will leave people hunkered down inside their homes instead of going outdoors or to the beach where the sunshine and fresh air would help boost immunity. - People should ask themselves whether this coronavirus "pandemic" could be a big hoax, with the actual danger of the disease massively exaggerated by those who seek to profit – financially or politically – from the ensuing panic. That is not to say the disease is harmless. Without question people will die from coronavirus. Those in vulnerable categories should take precautions to limit their risk of exposure. But we have seen this movie before. Government over-hypes a threat as an excuse to grab more of our freedoms. When the "threat" is over, however, they never give us our freedoms back. - Ron Paul, American doctor and politician, who served as a Republican member of the U.S. House of Representatives - <http://www.ronpaulinstitute.org/archives/featured-articles/2020/march/16/the-coronavirus-hoax/>

23. March 2020 - NSA whistleblower Edward Snowden already warned that the reported corona crisis is used for a massive expansion of global surveillance and control measures, which will not be dismantled afterwards. - Governments are using Covid-19 to "monitor us like never before." We have seen this movie before, government over-hypes a threat as an excuse to grab more of our freedoms, when the "threat" is over, however, they never give us our freedoms back. - <https://www.youtube.com/watch?v=9w6t2nObbw> -- Are We Vesting Too Much Power in Governments and Corporations in the Name of Covid-19? With Edward Snowden. - <https://theintercept.com/2020/04/08/watch-are-we-vesting-too-much-power-in-governments-and-corporations-in-the-name-of-covid-19-with-edward-snowden/>

28 March 2020 - Pablo Goldschmidt, retired virologist from the French Ministry of Health, speaks of a "global media terror" and "totalitarian measures" - "We are all locked up. There are drones in Nice that fine people from the air, look where this control got. You have to read Hannah Arendt, look at the origins of totalitarianism, when someone is afraid of the people, they do what they want with them ..." These types of diseases do not deserve that the planet is in a state of total stop, unless there are predictions that are realistic. 86 percent have no serious symptoms. - Professor Neil Ferguson's model and predictions - which everyone is using at this moment without even questioning - are not accurate. - In the way covid deaths are counted he figures must be corrected because only covid-19 is being considered, someone with a poorly managed stroke, if they have a cold, died from the virus, not from the stroke. Is the virus only responsible for these deaths? They say that corpses accumulate, but in Spain, yesterday, they showed that last year there were the same number of deaths by heart attacks or pneumonia. Now they all result from COVID-19. But last year they didn't get nasal swabs taken from all the dead. - All viral infections can be fatal, the difference is that this one caused a panic and the others did not, last year many people died of the flu and nobody closed the planet, so what happens now? Last year there were 36 million people with the flu in the United States. 370 thousand were admitted and 22 thousand died. It is clear? and no one closed any airport. In France there are 33,000 cases, but when 23,000 old people died in nursing homes due to a heat wave, the country did not close either. There is something very strange here. It seems to me that the government acts very well and with great caution. But the international authority pushes their hand with the mortality figures that the WHO experts put in, who do mathematical accounts, but it is not bad faith, but incompetence. - <https://www.rubikon.news/artikel/der-corona-totalitarismus> --- <https://www.infobae.com/coronavirus/2020/03/28/para-un-prestigioso-cientifico-argentino-el-coronavirus-no-merece-que-el-planeta-este-en-un-estado-de-parate-total/>

23 April 2020 - UN Secretary-General Antonio Guterres warns against countries adopting 'repressive measures' amid coronavirus crisis - Guterres expressed concern about what he saw as "rising ethno-nationalism, populism, authoritarianism and a push back against human rights in some countries," as a result of the pandemic. "The crisis can provide a pretext to adopt repressive measures for purposes unrelated to the pandemic," he added. Guterres said governments must be "transparent, responsive and accountable," stressing that press freedom, civil society, the private sector and "civic space" are essential. - Guterres released a UN report that is meant to be a human-rights blueprint to respond to the health, social and economic crisis gripping the world, stressing that "human rights cannot be an afterthought in times of crisis" - UN SG Policy Brief "Human Rights and COVID, We are all in this together", where Human Rights are critical for the response and the recovery, they put people at the centre and produce better outcomes. - <https://www.un.org/ruleoflaw/blog/document/un-sg-policy-brief-human-rights-and-covid/> - UN article and video - We are all in this Together: Human Rights and COVID-19 Response and Recovery - <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>

24 April 2020 - Italian member of parliament denounces the Statistical Fraud on COVID-19, false statistics are being used to terrorize the citizens of Italy and establish a dictatorship - Member of Parliament Vittorio Sgarbi in the session of the Italian Camera, 24 April 2020, regarding the approval of the 'Cura Italia' decree. Vittorio Sgarbi: "Do not say 25 thousand dead here too, it is not true! Don't use the dead for rhetoric and terrorism. The data from the Higher Institute of Health say that 96.3% died of other diseases. Exactly the data, the numbers, the numbers say this. It's the truth! Go read them!" "Let's not use them to humiliate Italy, let's not use them to give the citizens false news! Give the numbers, check them out, and I challenge you, Trizzino, to a jury of honor to look at the numbers... I simply said they all give numbers, but they don't give false numbers. 25 thousand Coronavirus people didn't die in Italy. That's not true! It's a way to terrorize the Italians and impose a dictatorship of consent: it's ridiculous!" - <https://fromrome.info/2020/04/25/italian-senator-sgarbi-denounces-the-statistical-fraud-on-covid-19/> - L'intervento del deputato Vittorio Sgarbi nella seduta dell'Assemblea n. 331 di venerdì 24 aprile 2020 in merito all'approvazione del decreto 'Cura Italia'. https://www.youtube.com/watch?v=ok9Qu5rQRBc&feature=emb_logo

25 April 2020 - Swiss Policy Research (SPR) investigates corona propaganda in the media - is someone trying to add a political or geopolitical spin to the current situation? -- On Corona, the Media, and Propaganda - In the current situation, the old and proven propaganda rule applies again: the less is known, the more is speculated. For attentive readers, however, this offers an opportunity to assess the standards and focus of different media outlets and authors. One may ask, for example: Who merely counts test-positive cases and death figures without asking what these people actually fall ill with or die of? Who verifies if the number of test-positive people is simply rising proportional to the number of tests, i.e. stays constant in percentage terms? Who prefers frightening pictures of viruses, protective suits and coffins rather than actual data, facts and background information? Who discusses the well-known problems with virus test kits in general, and the missing clinical validation of the currently used virus test kit in particular? Who highlights the problematic role played by the WHO in previous cases, and in this one? Who is trying to add a political or geopolitical spin to the current situation? The bioeapons rumor, which has been launched every occasion for almost forty years, primarily serves a geopolitical and psychological purpose. Simply put, anyone showing exponential charts of the number of test-positive people and deaths is deceiving you (or has been deceived themselves). Only those asking the real questions are to be trusted in the current situation. And there are not many of them. Medical and military experts asked by SPR recommend keeping three possible scenarios in mind when analyzing current developments ("the three P's"): A pandemic of a dangerous virus. A media-induced mass psychosis. A potential psychological operation. - SPR is composed of independent academics and receives no external funding. See their research on covid and international propaganda here: <https://swprs.org/contact/>

29 April 2020 - Dr. Andrew Kaufman UNMASKING THE LIES AROUND COVID-19: FACTS VS FICTION OF THE CORONAVIRUS PANDEMIC - Expert witness and forensic psychiatrist who has been powerfully outspoken throughout the pandemic. Speaking counter to the mainstream media, Dr. Kaufman has stated that a virus is not causing a new disease, there is no evidence of increased mortality and modern medicine is the leading cause of death. His knowledge and experience has qualified you as an expert witness in local, state, and federal courts. Dr. Kaufman's interview, an uncensored conversation on the COVID-19 pandemic, the science behind the virus and global erosion of civil liberties. - <https://freedomplatform.tv/unmasking-the-lies-around-covid-19-facts-vs-fiction-of-the-coronavirus-pandemic/> - Dr Andrew Kaufman Talks Psychology, Expert Observation of C-o-v-i-d w/ Reinette Senuw, Western Women Save The World - https://www.youtube.com/watch?v=WDyWG6yfb0&feature=emb_logo

19 May 2020 - 600 physicians say lockdowns are a mass casualty incident - In a letter sent to President Donald Trump last May 19, 2020, 600 doctors expressed the growing health consequences of extended lock downs. More than 600 of the nation's physicians sent a letter to President Trump this week calling the coronavirus shutdowns a "mass casualty incident" with "exponentially growing negative health consequences" to millions of non COVID patients. "The downstream health effects...are being massively under-estimated and under-reported. This is an order of magnitude error," according to the letter initiated by Simone Gold, M.D., an emergency medicine specialist in Los Angeles. "Suicide hotline phone calls have increased 600%," the letter said. Other silent casualties: "150,000 Americans per month who would have had new cancer detected through routine screening." From missed cancer diagnoses to untreated heart attacks and strokes to increased risks of suicides, "We are alarmed at what appears to be a lack of consideration for the future health of our patients." - <https://www.forbes.com/sites/gracemarieturner/2020/05/22/600-physicians-say-lockdowns-are-a-mass-casualty-incident/> Letter: https://www.scribd.com/document/462319362/A-Doctor-a-Day-Letter-Signed#from_embed

22 May 2020 - Scamdemic, Mathematical Evidence of Pandemic Fraud - Using government data from the Office of National Statistics [ONS], mathematician can mathematically prove that the reported CV death rate in Britain is dramatically higher than in countries where there has either been no lock-down, or a proportionate response to the perceived threat, such as in South Korea. Michael O'Bernicia is suing the UK Parliament for covid fraud - <https://www.thebernician.net/scamdemic-mathematical-evidence-of-pandemic-fraud/>

29 May 2020 - German Official Leaks Report Denouncing Corona as 'A Global False Alarm' - Some of the report key passages are: The dangerousness of Covid-19 was overestimated: probably at no point did the danger posed by the new virus go beyond the normal level. The people who die from Corona are essentially those who would statistically die this year, because they have reached the end of their lives and their weakened bodies can no longer cope with any random everyday stress (including the approximately 150 viruses currently in circulation). Worldwide, within a quarter of a year, there has been no more than 250,000 deaths from Covid-19, compared to 1.5 million deaths [25,100 in Germany] during the influenza wave 2017/18. The danger is obviously no greater than that of many other viruses. There is no evidence that this was more than a false alarm. A reproach could go along these lines: During the Corona crisis the State has proved itself as one of the biggest proponents of Fake News. So far, so bad. But it gets worse. The report focuses on the "manifest and heavy consequences of the Corona measures" and warns that these are "grave". Document in german: <https://ichbinandermeinung.de/Dokument93.pdf> - Full article: <https://www.strategic-culture.org/news/2020/05/29/german-official-leaks-report-denouncing-corona-as-global-false-alarm/>?fbclid=IwAR04cULKqae57pRBIY4TO9daSzWcPnGfseXX1MkhsXV6g1-Y1u-1ug

14 July 2020. - "Why Most Published Research Findings Are False" is a 2005 essay written by Stanford professor John Ioannidis, a professor at the Stanford School of Medicine, and published in PLOS Medicine. It is considered foundational to the field of metascience. In the paper, Ioannidis argued that a large number, if not the majority, of published medical research papers contain results that cannot be replicated. In simple terms, the essay states that scientists use hypothesis testing to determine whether scientific discoveries are significant. "Significance" is formalized in terms of probability and one formalized calculation ("P value") is reported in the scientific literature as a screening mechanism. Ioannidis posited assumptions about the way people perform and report these tests and then he constructed a statistical model which indicates that most published findings are false positive results. - A meta study by professor John Ioannidis finds the median infection fatality rate is 0.24%. <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3>

18 August 2020 - Covid statistics are very unreliable, and gathered on a different basis between countries – so not comparable. Yet countries appear to be competing for the best statistics, rather than sharing discoveries, or comparing on more humane values. Moralistic judgement and nationalism in interpreting statistics has also been evident. - Dr Carlo Caduff, Associate Professor of Global Health and Social Medicine, Kings College London. - <https://www.covidplanb.co.za/our-posts/covid-19-science-and-policy-symposium-written-summary/>

31 August 2020 - 500 German Doctors and Scientists Question Official Covid-19 Story – 'It is High Time That We Took This Into Our Own Hands' -- More than 500 German doctors and scientists have officially formed an organization to investigate the global response to Covid-19 called the "Corona Extra-Parliamentary Inquiry Committee", or Außerparlamentarischer Corona Untersuchungsausschuss (ACU) in Germany, and came to the conclusion that the freedom-limiting measures were seen taken across the globe are wildly excessive when compared with the infection rate of the pandemic. "It is high time that we took this into our own hands" says one member of the ACU regarding a lack of scientific debate about the virus. "We will invite and hear experts here in the Corona speaker group. These are experts from all areas of life: Medicine, social affairs, law, economics and many more. "As the Corona-Extra-Parliamentary Inquiry Committee, we will investigate why these restrictive measures were imposed upon us in our country as part of COVID-19, why people are suffering now and whether there is proportionality of the measures to this disease caused by the SARS-COV-2 virus. We have serious doubts that these measures are proportionate." - <https://www.wakingtimes.com/500-doctors-and-scientists-question-official-covid-19-story-it-is-high-time-that-we-took-this-into-our-own-hands/> - <https://acu2020.org/english-versions/>

5 September 2020 - Belgian doctors call for the end of all lockdowns - Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media -- In an open letter published by Docs4OpenDebate, Belgian doctors call on Belgian authorities to "be independently and critically informed in the decision-making process and in the compulsory implementation of corona-measures". The doctors said that much of the policies being implemented in the country today no longer have a medical justification, and the short-term and long-term impact of these decisions will be much greater than the problem it wished to

solve. The doctors also slam the lack of open debate regarding the policies that the government is implementing, and how each municipality and province have created their own measures (in addition to the nationally-determined ones), many of which having no scientific bases. The doctors remind authorities that the repressive coronavirus measures "strongly contrasts with the government's minimal policy when it comes to disease prevention, strengthening our own immune system..., optimal care with attention for the individual, and investment in care personnel". - <https://docs4opendebate.be/en/open-letter/>

13 Sep 2020 - Israel - Experts who advise government have 'dangerously poor' track record in predictions about outbreak's evolution -- Who informs government COVID-19 policy? Dr. Uri Gavish tells Arutz Sheva: Experts who advise PM, NSC have 'dangerously poor' track record in predictions about outbreak's evolution. he experts who inform and advise the Prime Minister and National Security Council have a "dangerously poor" track record when it comes to making predictions about the pandemic's evolution. - <https://www.israelnationalnews.com/News/News.aspx/287136>

17 September 2020 - Australian doctors call for the end of lockdowns - "Covid mortality rate is relatively low, compared to influenza, and the state has not registered excess deaths this year" -- The following article is an open letter of several medical doctors to Daniel Andrews, incumbent premier of Victoria. In it, the doctors enjoined Andrews to lift the Stage 4 restrictions imposed on the state of Victoria, in Australia, and have offered their assistance in crafting a new set of policies that will serve to ease the impact of restrictions to the "having on the physical and mental health of the general population". The doctors says that the COVID mortality rate is relatively low, compared to influenza, and that the state has not registered excess deaths in July this year despite the increase in infection cases in Victoria. They also reiterate that the medical and social consequences of Stage 3 and 4 restrictions are severe. To end, the group of doctors gave a 5-point recommendation to help address the issues of current government policy.

25 September 2020 - WARNING: Renowned Virologist Sucharit Bhakdi Warns Against Hastily Created Gene-Altering Coronavirus Vaccine - German virologist Doctor Sucharit Bhakdi expresses deep suspicion of the vaccination development process in place for the Chinese coronavirus, which violates well-established scientific norms. The Doctor makes several very powerful points that should be considered by those touting a potential vaccine. The Coronavirus Mortality Rate Obscured, A 'completely new kind of vaccine' - <https://raifoundation.com/warning-renowned-virologist-sucharit-bhakdi-warns-against-hastily-created-gene-altering-coronavirus-vaccine-video/>

September 2020 - David Sieber (member of the Green Party) suggested that we hear the other scientists, he was called a conspiracy theorist, and stripped him of his mandates - David Sieber (member of the Green Party) suggested that we hear the other side, renown scientists who held a different opinion. Sieber was called a conspiracy theorist, without ever having considered the content of his information and then stripped him of his mandates -- There was only one single opinion on which the federal government in Germany based its' decision for lockdown, Mr Drosten, the very person whose horrific panic-inducing prognosis had proved to be catastrophically false 12 years earlier. In an outrageous violation of the universally accepted principle auditor at ultra parse, which means that one must also hear the other side. We know this because a whistle-blower named David Sieber, a member of the Green Party, told us about it. David Sieber had become increasingly sceptical about the official narrative propagated by politicians and the mainstream media. David Sieber found highly renowned scientists on the internet who held a completely different opinion, that there was no disease that went beyond the gravity of the seasonal flu; that the population had already acquired cross or T-cell immunity against this allegedly new virus; and that there was therefore no reason for any special measures and certainly not for vaccinations. Mr Sieber turned to the leadership of his green party with the knowledge he had accumulated and suggested that they present these other scientific opinions to the public and explain that contrary to Mr Drosten's doomsday prophecies there was no reason for the public to panic - Mr Drosten's panic messages were good enough for the German party. David Sieber was called a conspiracy theorist, without ever having considered the content of his information and then stripped him of his mandates. -- Lawyer Reiner Fuellmich: "We know this because a whistle-blower named David Sieber, a member of the Green Party, told us about it. He did so first on 29 August, 2020 in Berlin in the context of an event at which Robert F Kennedy Junior also took part, and at which both men gave speeches; and he did so afterwards in one of the sessions of our corona committee" - Lawyer Fuellmich presents the case: <https://www.youtube.com/watch?v=B2juCILB-OE> - David Sieber (member of the Green Party) : <https://www.bitchute.com/video/WkLxR2rUZKKg/>

3 October 2020 - International class-action lawsuit will be filed against those responsible for promoting the corona panic -- Coronavirus Fraud Scandal — The Biggest Fight Has Just Begun - The German Corona Extra-Parliamentary Inquiry Committee (Außerparlamentarischer Corona Untersuchungsausschuss), launched July 10, 2020, was founded by four trial attorneys to investigate and prosecute those responsible for implementing the economically devastating lockdowns around the world, as well as using fraudulent testing to engineer the appearance of a dangerous pandemic. According to Fuellmich, an international class-action lawsuit will be filed against those responsible for implementing the economically devastating lockdowns around the world, as well as using fraudulent testing to engineer the appearance of a dangerous pandemic. This includes everyone from local policy makers all the way to the World Health Organization and drug companies. He claims more than 50 other countries will be following suit. - <https://articles.mercola.com/sites/articles/archive/2020/10/17/coronavirus-fraud-biggest-crime-against-humanity.aspx>

10 October 2020 - World Doctors' Alliance call for the end of lockdowns - The World Doctors' Alliance (WDA) was interviewed by the Corona Extra-Parliamentary Inquiry Committee or Außerparlamentarischer Corona Untersuchungsausschuss (ACU) as a part of the hearings that ACU is conducting [to learn about the world of the ACU, read 500 German doctors and scientists form organization to investigate global coronavirus responses]. The published 28-minute video features medical experts from various countries who are calling out governments for their oppressive policies for dealing with the pandemic. The WDA is a non-profit composed of doctors, nurses, and other health professionals from Europe and the United States. We have attached the video below for those who wish to view it. Aside from the video, the group also published an open letter addressed to citizens and governments around the world. In the open letter, the WDA addresses some issues including the use of lockdowns, fraudulent death certificates, economic ruin (as a result of lockdowns), false positives, hydroxychloroquine, vaccines, and the preventive protocol. They also included some resources to support their position. The open letter was originally signed by Dr. Mohammad Adil, Professor Dolores Cahill, Dr. R. Zac Cox, Dr. Heiko Schoning, Dr. Andrew Kaufman, and Dr. Scott Jensen. To date, it has received more than 28,000 signatories from individuals, both of the general public and health professionals. The open letter <https://worlddoctorsalliance.com/> - Video <https://brandnewtube.com/v/p7MD2M>

27 October 2020 - The "Numbers Game" - How statistics and "estimates" are used by politicians to justify the closure of the national economy and the derogation of fundamental civil rights. What's the Big Lie? SARS-CoV-2 is NOT A "KILLER VIRUS". The fear campaign has no scientific basis. The standard RT-PCR test used to "detect" the insidious Virus, "can not identify the Virus" - Prof Michel Chossudovsky is an award-winning author, Professor of Economics, founder of the Centre for Research on Globalization (CRG). Read whole article: <https://www.thelibertybeacon.com/the-covid-19-numbers-game-the-second-wave-is-based-on-fake-statistics/>

12 November 2020 - The Covid "Pandemic": Destroying People's Lives. Engineered Economic Depression. Global "Coup d'Etat"? -- Manipulation of the Estimates, the RT-PCR Tests that are misleading, falsifying death certificates. Destroying civil society, free speech is suppressed. Global Governance: Towards a Totalitarian State, and "The Great Reset". Michel Chossudovsky is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG) - <https://www.globalresearch.ca/the-second-wave-destroying-peoples-lives-global-coup-detat/5728207>

13 November 2020 - Covid-19: politicisation, "corruption," and suppression of science - When good science is suppressed by the medical-political complex, people die - Politicians and governments are suppressing science. They do so in the public interest, they say, to accelerate availability of diagnostics and treatments. They do so to support innovation, to bring products to market at unprecedented speed. Both of these reasons are partly plausible; the greatest deceptions are founded in a grain of truth. But the underlying behaviour is troubling. Politicisation of science was enthusiastically deployed by some of history's worst autocrats and dictators, and it is now regrettably commonplace in democracies.20 The medical-political complex tends towards suppression of science to aggrandise and enrich those in power. And, as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed. When good science is suppressed, people die. Kamran Abbasi, executive editor British Medical Journal - <https://www.bmj.com/content/371/bmj.m4425>

18 November, 2020 - Top Pathologist Claims Coronavirus is "The Greatest Hoax Ever Perpetrated on an Unsuspecting Public" - Top pathologist Dr. Roger Hodkinson told government officials in Alberta during a zoom conference call that the current coronavirus crisis is "the greatest hoax ever perpetrated on an unsuspecting public." Hodkinson's comments were made during a discussion involving the Community and Public Services Committee and the clip was subsequently uploaded to YouTube. Noting that he was also an expert in virology, Hodkinson pointed out that his role as CEO of a biotech company that manufactures COVID tests means, "I might know a little bit about all this." "There is utterly unfounded public hysteria driven by the media and politicians, it's outrageous, this is the greatest hoax ever perpetrated on an unsuspecting public," said Hodkinson. - <https://summit.news/2020/11/18/top-pathologist-claims-coronavirus-is-the-greatest-hoax-ever-perpetrated-on-an-unsuspecting-public/>

Professor John Ioannidis May 2020 META-ANALYSIS shows IFR 0.23%, it is peerreviewed and was published at WHO the 14 October 2020

Professor John Ioannidis of Stanford University in California, a specialist in statistics and epidemiology as well as public health, and at the same time the most quoted scientists in the world. Ioannidis has made many contributions to evidence-based medicine, epidemiology, and clinical research. Ioannidis' paper on "Why Most Published Research Findings are False" has been the most-accessed article in the history of Public Library of Science (over 3 million views in 2020). 30 August 2005, Why Most Published Research Findings Are False - <https://doi.org/10.1371/journal.pmed.0020124>

Professor John Ioannidis in March 2020 warned "we are making decisions without reliable data, ... the threat of covid-19 dangerously exaggerated". When these lockdowns first started kicking in, Dr. Ioannidis published an op-ed titled: A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. Again in sharp contrast to Fauci, Dr. Ioannidis broke down his reasons for thinking the threat of covid-19 was dangerously exaggerated. Proper communication and optimal decision-making are an ongoing challenge. The challenge is compounded, however, by exaggerated information. This can lead to inappropriate actions. It is important to differentiate promptly the true epidemic from an epidemic of false claims and potentially harmful actions. There are exaggerated pandemic estimates and exaggerated case fatality rates, these extreme measures cause harm, economic and social disruption. - <https://onlinelibrary.wiley.com/doi/full/10.1111/eci.13222>

Professor John Ioannidis May 2020 META-ANALYSIS shows IFR 0.23% - Since then, Dr. Ioannidis has researched the prevalence of the covid-19 virus, which indicates that its fatality rate is likely comparable to the flu's. The 13 May 2020, META-ANALYSIS of professor John Ioannidis shows the inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic. I included 61 studies (74 estimates) and eight preliminary national estimates. Across 51 locations, the median COVID-19 infection fatality rate was 0.27% (corrected 0.23%); the rate was 0.09% in locations with COVID-19 population mortality rates less than the global average -- Infection Fatality Rate of covid-19 Inferred from Seroprevalence Data - <https://www.globalresearch.ca/infection-fatality-rate-covid-19-inferred-seroprevalence-data/5727143> - <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3> -- On October 14, 2020, the World Health Organization published the peer-reviewed study by Stanford's John Ioannidis - Peer-reviewed meta-analysis - https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

Award-winning researchers Dr. Sucharit Bhakdi together with Dr. Karina Reiss wrote Corona, "False Alarm?: Facts and Figures" - A book detailing staggering concerns over Public Health measures taken during the pandemic. They offer analysis of whether radical protective measures - including lockdown, social distancing, and mandatory masking - have been justified, and what the ramifications have been for society, the economy, and public health

Dr. Sucharit Bhakdi is a specialist in microbiology. He was a professor at the Johannes Gutenberg University in Mainz and head of the Institute for Medical Microbiology and Hygiene and one of the most cited research scientists in German history. Sucharit Bhakdi studied medicine at the University of Bonn in Germany, where he received his MD in 1970. He was a post-doctoral researcher at the Max Planck Institute of Immunobiology and Epigenetics in Freiburg from 1972 to 1976, and at The Protein Laboratory in Copenhagen from 1976 to 1977. He joined the Institute of Medical Microbiology at Giessen University in 1977 and was appointed associate professor in 1982. He was named chair of Medical Microbiology at the University of Mainz in 1990, where he remained until his retirement in 2012. Dr. Bhakdi has published over three hundred articles in the fields of immunology, bacteriology, virology, and parasitology, for which he has received numerous awards and the Order of Merit of Rhineland-Palatinate.

26 March 2020 - Open Letter from Prof Sucharit Bhakdi to Chancellor Merkel - An Open Letter from Dr. Sucharit Bhakdi, Professor Emeritus of Medical Microbiology at the Johannes Gutenberg University Mainz, to the German Chancellor Dr. Angela Merkel. Professor Bhakdi calls for an urgent reassessment of the response to Covid-19 and asks the Chancellor five crucial questions. - <https://off-guardian.org/2020/03/31/open-letter-from-prof-sucharit-bhakdi-to-chancellor-merkel/>

March 2020 - An alarming interview with Germany's forefront virus expert in microbiology, Dr. Sucharit Bhakdi sends a chillingly apocalyptic message: That the Western government shut downs is a completely wrong and extremely dangerous response to the Covid-19 virus. -- The virus expert who is one of the most cited research scientists in German history asserts that self-isolating the whole population is "grotesque, absurd and very dangerous". All these measures are leading to self-destruction and collective suicide caused by fear. "This is the incredible tragedy, because all these adopted measures are actually senseless and meaningless." "The

life expectancy of millions is now being shortened because of this. The horrifying impact on world economy threatens the existence of countless people.” “The consequences on medical care are profound. Already services to patients who are in need are reduced, operations cancelled, medical practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society.” Dr Sucharit Bhakdi is a specialist in microbiology. He was a professor at the Johannes Gutenberg University in Mainz and head of the Institute for Medical Microbiology and Hygiene and one of the most cited research scientists in German history. Deleted by youtube <https://www.youtube.com/watch?v=JBB9bA-gXL4> - <https://www.bitchute.com/video/Rwb5QzJY2-s/>

March 2020 - Dr. Sucharit Bhakdi is a specialist in microbiology. He was a professor at the Johannes Gutenberg University in Mainz and head of the Institute for Medical Microbiology and Hygiene and one of the most cited research scientists in German history. What he says: "We are afraid that 1 million infections with the new virus will lead to 30 deaths per day over the next 100 days. But we do not realise that 20, 30, 40 or 100 patients positive for normal coronaviruses are already dying every day. [The government's anti-COVID19 measures] are grotesque, absurd and very dangerous. The life expectancy of millions is being shortened. The horrifying impact on the world economy threatens the existence of countless people. The consequences on medical care are profound. Already services to patients in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society. All these measures are leading to self-destruction and collective suicide based on nothing but a spook." - <https://www.bitchute.com/video/QMFD9fFqW10/>

2 October 2020 - BOOK ON CORONA FACTS BY EXPERTS - Corona, False Alarm?: Facts and Figures. By award-winning researchers Dr. Sucharit Bhakdi and Dr. Karina Reiss (2 October 2020) - A book detailing staggering concerns over Public Health measures taken during the pandemic. Researchers Dr. Sucharit Bhakdi and Dr. Karina Reiss give clarity to these confusing and stressful times. They offer analysis of whether radical protective measures? including lockdown, social distancing, and mandatory masking? have been justified, and what the ramifications have been for society, the economy, and public health. - Interview <https://www.bitchute.com/video/awRyZ5wVqNjm/> -- Book at Amazon - <https://www.amazon.com/Corona-False-Alarm-International-Bestseller-ebook/dp/B08JCDV25M>

15 November 2020 - Prof. Sucharit Bhakdi: 'We Need to Stop Following the Pied Piper on COVID' - In his recent interview, Dr Sucharit Bhakdi, German specialist in microbiology and co-author of Corona, False Alarm?: Facts and Figures speaks to the deep, fundamental issues like few have dared to so far: "The time has come for homo sapiens to stand up and start becoming humans again. This scare, this global panic has caused man to lose reason, to stop thinking and to follow the Piper's call, and we are being led to our downfall. This is the downfall of civilization ... and if we do not - if you do not stand up take those masks off your face, grasp each other's hands again - no more social distancing (what absolute pure utter nonsense because of a virus that has been with us since the beginning of mankind) and start singing, the sound of the human voice is the only thing that is going to put this Pied Piper's madness off ... So go back to your homes and go back to the old reality, not any new reality. We don't need any new reality We are not taking care of the people who need the care anymore because all we're doing is hysterically responding to a spook call." In this highly informative interview, Triggernometry discusses all aspects the 'pandemic' with Professor Bhakdi. He appeared on the British YouTube show and podcast Trigger Nometry. - https://www.youtube.com/watch?v=ZnpNBgGARE&feature=emb_logo - <https://www.bitchute.com/video/7OtMp7fRc8p/>

29 Nov 2020 - Facebook censors video by COVID-skeptic professor - Professor Sucharit Bhakdi is a Thai-German specialist in microbiology and co-author of 'Corona, False Alarm?: Facts and Figures'. Tags: Coronavirus Truth Trending - <http://www.israelnationalnews.com/News/News.aspx/292165>

4 Dec 2020 - 'Downright Dangerous' And Will Send You 'To Your Doom' - The Ingraham Angle on the Fox News channel broadcast a mind-boggling live interview with a world-renowned microbiologist who said the "looming" COVID-19 vaccine is "downright dangerous" and will send you "to your doom." The expert, Sucharit Bhakdi, M.D., speaking on a Skype video link from his home in Germany, also said this: Renowned Scientist Tells Fox News Covid 19 Vaccine Is 'downright Dangerous' And Will Send You 'to Your Doom' Laura Ingraham, Fox News channel host: On the social distancing and the mask, just to focus on that for a moment, which of those two in your research and your work has been the most displaced? Dr. Sucharit Bhakdi: Both. Ingram: Both. Not backed up by the science. Bhakdi: Zero science. Bhakdi is the co-author of Corona: False Alarm?, a massive bestseller in Germany that was published in English here on October 2. The book is currently the #1 bestseller in the Amazon categories of Microbiology, Pulmonary Medicine, and Health Law. It has a 4.8 out of 5 rating after 363 ratings. In response to Ingraham's question of why these methods — including masks and social distancing — are being "pushed," Bhakdi elaborated: This is something that we — and when I say "we" — hundreds and thousands of people are standing up to say to say "please, all of you, sit down and think about this. Read about this and then make up your own mind. Don't believe things that people are telling you. Think for yourself and come to your own conclusions." That is why we wrote this book, because all the arguments saying — telling you why, what you are doing is absolutely nonsense. In his interview with Ingraham, Bhakdi described as "utter nonsense" Dr. Anthony Fauci's claim earlier Wednesday during a live interview on The Story with Martha MacCallum on the Fox News Channel that 75% of Americans would need to be vaccinated against COVID-19 in order to achieve herd immunity. Bhakdi added, "Someone who says this has not the slightest inkling of the basics of immunology." In response to Ingraham's final question, "So you think the COVID-19 vaccine is unnecessary?" Bhakdi replied: "I think it's downright dangerous. And I warn you, if you go along these lines, you are going to go to your doom" (emphasis added). At that point, Ingraham ran out of time but promised to have Dr. Bhakdi back on her program. The only video of the segment available at press time was a clip, complete except for Ingraham's closing comments, posted by Media Matters for America.Video Player - https://cloudfront.mediamatters.org/static/D8Video/2020/12/02/FNCHD_The%20Ingraham%20Angle_2020-12-02-10_00_00-PM.mp4 -- or here <https://www.bitchute.com/video/QIB7CuJil08/>