

WHAT YOU NEED TO KNOW**QUESTIONS FOR THE GOVERNMENT**

We cannot be expected to acquiesce to everything the government commands. We need to ask serious questions about the disproportionate response to the COVID19 pandemic.

Why were healthy people forced to stay at home?

Why are people who died without a confirmed positive COVID19 test allowed to be added to the statistics?

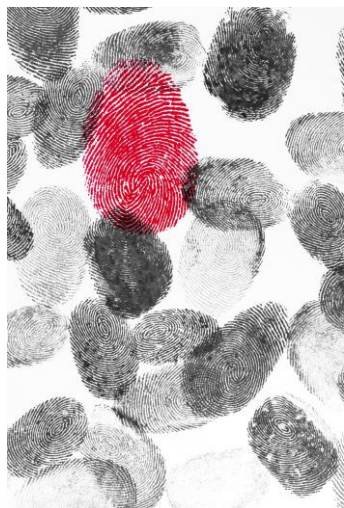
Is this closure in the interest of the public's safety, or for the benefit of pharmaceutical companies and their quest for another payday?

Who will be paying back the money spent on things such as furloughing staff or the Nightingale hospitals?

During these 'stay home' measures new telecommunication infrastructure for the 5G network are being installed and pushed by government and industry across the country with no public consultation despite hundreds of independently funded peer review studies highlighting the dangerous effect this will have on human and all other life.

A small number of multinational drug companies and billionaire philanthropists are telling us the only solution is to accept and pay for the privilege of vaccinations as the only way out of these restrictions. These vaccines have already begun wider production even before they have received approval, which is openly admitted by health officials. This means they have not been proven to be necessary, effective, or safe, and are being linked to new technologies which are capable of identity verification.

This is a clear breach of our fundamental human rights and medical freedom, pushed by non-existent science. This document will look into the agenda behind this pandemic and try to make sense of the 'new normal.'

**ANY SCIENCE BEHIND THE LOCKDOWN?**

The lockdown seems to have been enforced as a result of the ridiculous prediction model created by the now former Scientific Advisory Group for Emergencies (SAGE) member Neil Ferguson. SAGE "provides scientific and technical advice to support government decision makers during emergencies." The code used to create the computer model has been described by four experienced modellers as "deeply riddled" with bugs, "a fairly arbitrary Heath Robinson machine", has "huge blocks of code – bad practice" and is "quite possibly the worst production code I have ever seen". We will look further into Imperial College's Neil Ferguson, who helped create this model and the possible reasons for the catastrophic failure.

Sources:

<https://lockdownsceptics.org/code-review-of-fergusions-model/>

<https://www.telegraph.co.uk/news/2020/05/10/chilling-truth-decision-impose-lockdown-based-crude-mathematical/>

<https://www.express.co.uk/news/uk/1268059/cancer-deaths-coronavirus-nhs>

Further Reading:

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<https://www.telegraph.co.uk/politics/2020/05/08/human-rights-laws-should-suspended-safeguard-easing-lockdown/>

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<https://www.dailymail.co.uk/health/article-5440785/Killer-flu-outbreak-blame-42-spike-deaths.html#comments>

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THE REAL MORTALITY RATES

Dr John Ioannidis

"Our data suggests that COVID19 has an infection fatality rate that is in the same ballpark of seasonal influenza [the flu]."

<https://www.youtube.com/watch?v=jGUgrEfSgaU>

<https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2>



Prof. Knut Wittkowski

Professor Knutt Wittkowski insists that we have no evidence that there are any fundamental differences in infectivity between COVID19 and influenza.

<https://www.youtube.com/watch?v=k0Q4naYOYDw>



Prof. Johan Giesecke

Professor Johan Giesecke, advisor to the Swedish government believes that the actual fatality rate of COVID19 is around 0.1%, meaning it is similar to the flu.

<https://www.youtube.com/watch?v=bfN2JWifLCY>

WHAT THE EXPERTS SAY ON LOCKDOWN AND 'SOCIAL DISTANCING'

Professor Johan Giesecke, a well-known epidemiologist, believes that there is almost no science behind border closures, school closures and social distancing.

<https://www.youtube.com/watch?v=bfN2JWifLCY>

Professor Joel Hay, USC, Dept. of Pharmaceutical and Health Economics states "There is no scientific evidence to support social distancing for this virus."

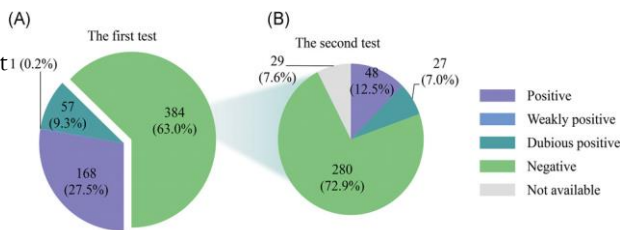
<https://www.youtube.com/watch?v=H4tAq-PP7s>

Dr Daniel Erickson, urgent care doctor in Bakersfield, says the lockdown has a minimal impact on containing the virus.

<https://www.youtube.com/watch?v=93QGMERgMk>

AN UNRELIABLE TEST

The RT PCR test being used to identify a coronavirus positive patient is highly unreliable. In fact, the inventor of the PCR test, and Nobel Prize winner for his invention, Dr Kary Mullis said the test cannot detect viruses.



A study in the Journal of Clinical Virology found variations in RT-PCR accuracy. It was found to be between 22% – 80% reliable depending on how it was applied. A study in the Journal of Medical Virology highlights the unreliability of the RT PCR tests used. Figure 1 of the study is shown to the left.

UNRELIABLE NUMBERS

We have established that the test is unreliable. How the deaths are reported are another issue. Reported COVID19 deaths can be registered without a test clearly diagnosing COVID19. The death can be signed off by a doctor who has never seen the patient and can then be registered by someone who has never met the deceased and was nowhere near them when they died. The Coronavirus Act 2020 removes the requirement that any inquest into a death from coronavirus be held with a jury in England, Wales and Northern Ireland (as is required by law for other notifiable diseases). There is no requirement for a post mortem for the presence of COVID19. Coroners are actively encouraged not to express their views on the current situation in The Chief Coroner's guidance on COVID-19. "The Chief Coroner cannot envisage a situation in the current pandemic where a coroner should be engaging in interviews with the media or making any public statements to the press." It seems there would be consequences if coroners spoke their mind.

According to Tanzania President John Magufuli, a pawpaw, a quail and a goat and engine oil have all tested positive for coronavirus. "The equipment or people may be compromised and sometimes it can be sabotage," Magufuli said in a speech broadcast live through state-run Tanzania Broadcasting Corporation (TBC).

LINK BETWEEN INFLUENZA VACCINES AND COVID19?



Influenza vaccination and respiratory virus interference among

Department of Defense personnel during the 2017–2018 influenza season

“Examining noninfluenza viruses specifically, the odds of both coronavirus and human metapneumovirus in vaccinated individuals were significantly higher when compared to unvaccinated individuals (OR = 1.36 and 1.51, respectively) (Table 5).” **This means that according to this data you are 36% more likely to get a coronavirus if you had the influenza vaccine.**



Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine

“We randomized 115 children to trivalent inactivated influenza vaccine (TIV) or placebo. Over the following 9 months, TIV recipients had an increased risk of virologically confirmed non-influenza infections (relative risk: 4.40; 95% confidence interval: 1.31-14.8)”

By comparing the numbers of confirmed cases of respiratory disease between vaccinated and unvaccinated groups we see that the recipients of the inactivated influenza vaccine are 5.5 times more likely to be positive for a respiratory disease compared to an unvaccinated individual. This includes being positive for coronaviruses which comes under the “Other Respiratory Viruses” in the table below.

	Vaccinated	Placebo(saline)
Any Seasonal Influenza	58	88
H1N1 (Swine Flu 'Pandemic')	58	0
Total Influenza Cases	116	88
Noninfluenza Viruses		
Rhinovirus (common cold)	230	59
Coxsackie/Echovirus	160	0
Other Respiratory Viruses	97	29
Total Other Viruses	487	88

Which countries have had a consistently high influenza vaccination rate? See below.

<https://data.oecd.org/healthcare/influenza-vaccination-rates.htm>

Sources:

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- <https://www.globalresearch.ca/the-ebola-test-let-the-tests-inventor-speak/5406779>
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