COVID-19:
Evidence of Fraud, Medical Malpractice, Acts of Domestic Terrorism and Breaches of Human Rights

Presented by Andrew Johnson (A concerned Citizen)

(ad.johnson@ntlworld.com)

31 Aug 2020

Last Updated: 20 Nov 2020

https://cvpandemicinvestigation.com/

TABLE OF CONTENTS

Distribution List

Serious Fraud Office public.enquiries@sfo.gov.uk	NHS Improvement Skipton House 80 London Road London SE1 6LH Email: england.whistleblowing@nhs.net Website: www.improvement.nhs.uk	Healthcare UK 55 Whitehall London SW1A 2HP United Kingdom Email healthcare.uk@trade.gov.uk +44 (0) 20 7215 5000
Senior Reviewer (Responding to Concerns) Quality Assurance Directorate Healthcare Improvement Scotland Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB Tel: 0131 623 4300 Email: hcis.respondingtoconcerns@nhs.net Website: www.healthcareimprovementscotland.org	National Crime Agency PO Box 58345 London NW1W 9JJ Tel: 0370 496 7622 Email: communication@nca.gov.uk	Healthwatch England 151 Buckingham Palace Road London SW1W 9SZ Email: enquiries@healthwatch.co.uk
Equality and Human Rights Commission Correspondence Unit (Whistleblowing) Fleetbank House 2-6 Salisbury Square London EC4Y 8JX Tel: 0161 829 8100 Email: whistleblowing@equalityhumanrights.com	DHSC COVID19 Vaccine Consultation: covidvaccineconsultation@dhsc.gov.uk	enquiries@wbhelpline.org.uk
whistle@pcaw.org.uk		

Signatories to this Submission

Name	Qualification(s)	Profession	E-mail	City
Andrew Johnson	BSc	Technology Tutor	ad.johnson@ntlworld.com	Derby

See online version for list of signatories, recipients and responses.

1. Introduction

This document submission brings together COVID-19 related evidence which most or all authorities seem to either be unaware of, or have decided to ignore. It is presented in an attempt to reverse this situation. **This submission is supported by the signatories listed above**.

I am neither a legal nor a health expert, but as a citizen of good conscience and one who has a degree in Computer Science and someone who currently works in education, has the ability to carry out research and understand the majority of what I read, I feel duty-bound to present this evidence to you. Further, I ask you who have greater responsibility and authority than I do, to take this evidence seriously and not make assumptions that – because of the nature of this submission it should simply be ignored. I must admit to being rather pessimistic that anyone reading this will undertake a serious, objective re-appraisal of the current situation - a situation that, I contend, should *never* have arisen in the first place.

Here, I raise many questions regarding the lawfulness of actions of the British Broadcast and Print Media, the UK Government and its advisors, in relation to the alleged pandemic.

This document, which should be shown to senior personnel, will be publicly posted on a website, along with the distribution and signatory list and therefore considered as being a "notice" to these organisations to *act in the public interest* and *protect* public health, rather than continue to act based on a false and almost entirely fear-driven narrative, which has been promulgated and developed through controlled broadcast and print media and the use of widespread censorship by the online "Tech Platforms" such as YouTube, Google and Facebook. Additionally, professionals that would normally speak out about this evidence have been threatened with sanctions. For example, in a BMJ news story from 06 July 2020, we read[1]:

> *A consultant surgeon has been suspended from the UK medical register for 12 months pending the outcome of an investigation by the General Medical Council, after posting videos on social media claiming that covid-19 is a hoax.*

This document includes important evidence of

- Fraud (section 2)
- Acts of Domestic Terrorism (section 3)
- Human Rights Violations (section 4)
- Medical Malpractice on a grand scale and breaches of Health Care Laws (section 5)

People in government, global organisations and mainstream media should all be held accountable for their actions and lack of rational analysis and failure to appropriately gather and study evidence and apply logic. Instead, it can be concluded, any such analysis has been heavily influenced by, or has experienced interference from, powerful political and commercial vested interests.

With the upcoming proposed vote on *extending* the Coronavirus Bill's "lifetime", it is even more important that a firm basis of carefully and independently-reviewed scientific evidence for such an extension is comprehensively established.

I call for immediate investigation and action to avert further instances of each of the above and further misery, loss of life and livelihoods, because of an unproven threat - and scaremongering over a "second pandemic wave" – or any similar scenario, when it is not backed by a thoroughly and independently-reviewed body of scientific evidence.

1.1 Background

The global consequences of the alleged COVID-19 "pandemic" are catastrophic. The consequences for the UK can be described in the same manner. It is easy to assume that, because of the scale of

the catastrophe, the most often-stated reasons for the occurrence of this catastrophe *must* be true. However, it is worth noting a statement attributed to Joseph Goebbels, thus[2]:

> *If you tell a lie big enough and keep repeating it, people will eventually come to believe it. The lie can be maintained only for such time as the State can shield the people from the political, economic and/or military consequences of the lie. It thus becomes vitally important for the State to use all of its powers to repress dissent, for the truth is the mortal enemy of the lie, and thus by extension, the truth is the greatest enemy of the State.*

In April and May 2020, I compiled an independent report[3] to address some of the false and incomplete information and corporate propaganda that was being circulated by mainstream sources. That report was distributed to hundreds or thousands of people - yet no one has offered any substantive corrections to it. I will quote some of this report in the sections below.

1.2 Legal (Judicial Review) Challenges

Due to the unprecedented (and unnecessary) draconian action by the government, there are many people like myself who consider that government officials and personnel have broken the law (and continue to do so) in relation to many of the COVID-19 measures taken. Two independently established "Judicial Review" challenges to the government are currently in progress. These cases have barely been publicised – this fact alone illustrates that the mainstream media primarily report what fits with the "required narrative."

1.2.1 Simon Dolan's Judicial Review of COVID-19 Legislation

In May 2020, UK Entrepreneur Simon Dolan launched a "Crowd Funded" legal challenge to the Government's Coronavirus Bill[4]. This resulted in a 74-page document which highlighted many contradictions and problems in the way the government acted[5] - for example, in paragraph 2.13, it is noted:

> *As a result, I note that at no stage were any proposals for lockdown laws placed before MPs or peers to scrutinise or debate.*

This alone is unlawful in a democracy. As of writing this document, the Judicial Review was denied, but an appeal is pending.

1.2.2 "People's Brexit" Judicial Review of COVID-19 Legislation

The People's Brexit group also raised funds for a judicial review[6] and stated, on 01 Jun 2020:

> *For those concerned that we are somehow duplicating the great effort of Simon Dolan, please be assured that we are not and we are actually extending beyond it with our intent to ban testing and tracing. Our main legal challenge is based on the fact that The Coronavirus Act 2020 defines 'coronavirus' as being 'covid-19' but as the Koch's Postulates have not been followed at all, it cannot be recognised and proven to be a disease or virus legally, medically or scientifically.*
> *This also has the follow on effect that it is not possible to test for what you have not isolated. Further only 'gold standard' tests should be used for diagnostics. We are also challenging the Government over the fact that they have not followed the established procedures regarding Pandemics on a National or International basis.*

This document explores some of the evidence they refer to.

2. Evidence of Fraud

2.1 Isolation of the Virus

Isolation of the dangerous/infectious agent is the central pillar on which the consensus "COVID-19" narrative is based. However, there are very good reasons to question whether this virus has ever been accurately identified. On 24 July 2020, I submitted a Freedom of Information Request (FOIR) to Public Health England (PHE), thus[7].

> *Dear Public Health England,*
>
> *I would like to see:*
>
> *All records in the possession, custody or control of Public Health England describing the isolation of a SARS-COV-2 virus, directly from a sample taken from a diseased patient, where the patient sample was not first combined with any other source of genetic material (i.e. monkey kidney cells aka vero cells; liver cancer cells).*
> *Please note that I am using "isolation" in the every-day sense of the word: the act of separating a thing(s) from everything else. I am not requesting records where "isolation of SARS-COV-2" refers *instead* to:*
> - *the culturing of something, or*
> - *the performance of an amplification test (i.e. a PCR test), or*
> - *the sequencing of something.*
>
> *Please also note that my request is not limited to records that were authored by the PHE or that pertain to work done by the PHE. My request includes any sort of record, for example (but not limited to) any published peer-reviewed study that the PHE has downloaded or printed.*
> *Please provide enough information about each record so that I may identify and access each record with certainty (i.e. title, author(s), date, journal, where the public may access it)."*
> *Yours faithfully,*
> *Andrew Johnson*

PHE responded on 20 August 2020:

> *Thank you for your email dated 24 July 2020. In accordance with Section 1(1)(a) of the Freedom of Information Act 2000 (the Act), I can confirm that Public Health England (PHE) does not hold the information you have specified.*
> *Response:*
> *PHE can confirm it does not hold information in the way suggested by your request. Under section 16 of the Act, public authorities have a duty to provide advice and assistance. I have signposted you to the below links which contain information on taking COVID-19 swabs.*
>
> *https://www.gov.uk/government/publications/covid-19-guidance-for-taking-swab-samples*
> *https://www.gov.uk/government/publications/types-and-uses-of-coronavirus-covid-19-tests/types-and-uses-of-coronavirus-covid-19-tests*
> *Additionally, the below publication contains some information on virus isolation:*
> *https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.32.2001483*
>
> *If you have any queries regarding the information that has been supplied to you, please refer your query to in writing in the first instance. If you remain dissatisfied and would like to request an internal review, then please contact us at the address above or by emailing xxx@xxx.xxx.xx.*

Considering the consequences to this country's people, economy and way of life, it is absolutely incredible to learn that Public Health England has **no documented independent evidence of its own that this virus has been properly isolated and properly identified**.

2.1.1 Symptoms

As is commonly stated, COVID-19 (allegedly caused by SARS-COV2) has no particularly unusual symptoms[8] - just a high temperature and a persistent "dry cough" – so COVID-19 cannot be directly identified from its symptoms. Some people have (unsurprisingly) reported experiencing COVID-19 symptoms in the winter (2019) months before the alleged outbreak - which is perfectly in line with the normal pattern of flu-like illnesses increasing in frequency during the winter and early spring months.

2.1.2 UK Government Assessment of Roche Ltd Coronavirus LightMix® Modular SARS and Wuhan CoV E-gene assay

As an example of problems with one of the procedures assessed by PHE, described in a document dated 24 Apr 2020, "Rapid assessment of the Roche Ltd, Coronavirus LightMix® Modular SARS and Wuhan CoV E-gene assay[9]," we can read on Page 3:

> *The assay utilises a real-time technology to amplify and detect 76 bp long fragment from a conserved region in the E gene is detected with FAM-labelled hydrolysis probes (530 channel). This assay will detect **SARS and Wuhan 2019 CoV pneumonia virus as well as other members of the Sarbecovirus sub-genus**. The assay is designed not to cross-react with common human respiratory Coronaviruses; NL63, 229E, HKU, OC43 or MERS.*

Another test described in another document "CareGeneN-COV RT-PCR-Kit" also talks about a "1st screening" for "Sarbecoviruses, including SARS-1, MERS and SARS-CoV-2.," and then it talks about one specific gene being used for SARS-Cov-2 detection. Again, the test only detects a gene sequence which is allegedly contained in this virus – it does not detect the "whole" virus directly.

What guarantees are there that kits in use outside of a laboratory environment are truly reliable enough to be used to determine the course of people's lives?

2.1.3 Other "Rapid" COVID Test Assessments

Other documents posted on GOV.UK[10] under a heading "COVID-19: PHE laboratory assessments of molecular tests" all have titles including the word "Rapid." Considering the effects these tests can have on the course of someone's life, the word "rapid" does not seem appropriate.

2.2 Worthless Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) Testing

The current narrative - including the counting of cases of infection and the counting of deaths is all based on RT-PCR testing (normally abbreviated to "PCR Test").

This then brings up an associated 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.[11] Additionally, The President of Tanzania, John Magufuli intervened in the country's initial use of COVID-19 testing kits and found that even though a Pawpaw fruit was swabbed from the flesh inside, it tested positive and so did a goat[12]! He described the findings in an address[13].

Please consider the following points about this test - and the use of the technique in general.

- According to the inventor of the technique, Nobel Prize Winner Kary B Mullis, PCR cannot be totally accurate and should never be used as a tool in "the diagnosis of infectious diseases."[14]
- Information regarding one particular US Test kit states:[15] "This product is intended for the detection of 2019-Novel Coronavirus (2019-nCoV). 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."

- Jim Huggett of the University of Surrey wrote, in a letter to the BMJ on 6 May 2020[16]: "The uncertainty of test reliability in the COVID19 pandemic has highlighted the imperative of standardisation in diagnostic test development, it must be part and parcel of the global response, not only for the current pandemic but also setting a precedent for novel emerging pathogens".
- In a "Practice Pointer" called "Interpreting a covid-19 test result" on the BMJ website, we can read:[17] "How accurate are test results? No test gives a 100% accurate result; tests need to be evaluated to determine their sensitivity and specificity, ideally by comparison with a "gold standard." The lack of such a clear-cut "gold-standard" for covid-19 testing makes evaluation of test accuracy challenging."

The exact details (or "protocols") of how a PCR test is completed in different countries vary slightly. This is explained in a video[18] by Dr Andrew Kaufman, who is a psychiatrist with a B.S. (from M.I.T.) in Molecular Biology.[19] He illustrates how a SARS-COV2 PCR test protocol used by the Louis Pasteur Institute (Paris)[20] could trigger a false positive/match for the presence of virus because that protocol employs one "primer sequence" which precisely matches a sequence in Human Chromosome 8[21]. Dr Kaufman concludes:

> *There is a 100% error rate with this test.*

Considering the vast consequences that the alleged virus pandemic has caused, it is almost incomprehensible to have to accept that the testing being used either does not work *at all*, or has such a low reliability that it is worthless! Please note, the data here, when studied, speak for themselves – and are not affected by who Dr Kaufman might be associated with. Also, it is worth noting a similar scenario - a commonly used HIV test can trigger a false-positive result in pregnant women[22].

In all of this, one should also consider the commercial interests in a now vastly expanded PCR test kit market[23].

Please consider that, with current proposals for "Track and Trace" and similar methods that are in use in the UK and around the world, someone's fate and livelihood can be decided, essentially, on the "roll of a dice." Not only that, but these tests, even if it is argued they can detect the "real" virus accurately, DO NOT determine whether the person is a health risk to anyone else. That part is simply a "procedural assumption" and it is not based on any science, nor is the judgement based on any additional data. This is a contravention of Human Rights (see section 4) and it is utterly unacceptable and must be reversed!

2.3 Pandemic Projections

Dr Neil Ferguson (former UK Pandemic Advisor), who is largely responsible for triggering the lockdown measures – ignored lockdown so he could spend time with his girlfriend[24]. This means he did not consider the virus a real threat. Ferguson's model, used by the government, has proved totally inaccurate and according to code reviews of his software, it had serious flaws[25]. The fact that the figures have proved inaccurate should have come as no surprise to those who made themselves aware of Neil Ferguson's track record.[26]

2.4 PHE Was Told by ACDP that COVID-19 Was Not "High Consequence"

A 19 Mar 2020 posting on Gov.UK, reads as follows[27]:

> *As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious diseases (HCID) in the UK. 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.*

More recently, I have learned that on 13 March 2020, PHE was sent a letter by Professor Tom Evans[28], who was chairman of the Advisory Committee on Dangerous Pathogens (ACDP), in which he stated.

> *I am writing as Chair of the Advisory Committee on Dangerous Pathogens (ACDP). The committee discussed today the classification of COVID-19 as a high consequence infectious disease. The unanimous view of the committee was that this infection should NOT be classified as a HCID.*

A draft copy of the minutes of a COVID -19 Teleconference meeting, held on Friday 13th March, 11:00 – 12:00am has also become available[29].

Advisory Committee on Dangerous Pathogens

Department of Health and Social Care

ACDP Secretariat
Public Health England
61 Colindale Avenue
London NW9 5EQ

Email: PHE

13 March 2020

Dear DHSC,

Classification of COVID-19 as a HCID

I am writing as Chair of the Advisory Committee on Dangerous Pathogens (ACDP). The committee discussed today the classification of COVID-19 as a high consequence infectious disease. The unanimous view of the committee was that this infection should NOT be classified as a HCID.

Best wishes

Yours sincerely,

Professor Tom Evans
Chair

2.4.1 Did UK Health Secretary Matthew Hancock Lie to Parliament?

Since posting the first version of this report, important statements made by Matthew Hancock on 23rd March 2020 have been drawn to my attention[30]. As shown above, PHE was told by the ACDP on 13 March that COVID-19 was NOT a High Consequence Infectious Disease (HCID). Yet, 10 days later, Hancock told Parliament (or implied) the opposite.

> *23 March 2020 Volume 674*
> *Second Reading 4.01 pm*
>
> *The Secretary of State for Health and Social Care (Matt Hancock)*
> *I beg to move, That the Bill be now read a Second time.*
>
> *Coronavirus is the most serious public health emergency that has faced the world in a century. We are all targets, but the disease reserves its full cruelty for the weakest and the most vulnerable. To defeat it, we are proposing extraordinary measures of a kind never seen before in peacetime. Our goal is to protect life and to protect every part of the NHS. This Bill, jointly agreed with all four UK Governments, gives us the power to fight the virus with everything that we have.*

Additionally, he stated that Coronavirus Bill had been in development for 3 months

> *Column 38:*
>
> *I can confirm that the Bill is to deal with the current coronavirus emergency, and that is an important point. But I would also say that although the world has changed in the past three weeks in ways that many could not have imagined,* ***every measure that has been taken by the Government has been part of the action plan that we published three weeks ago. Of course, the Bill has been drafted over a long period, because it started on the basis of the pandemic flu plan that was standard before coronavirus existed and has been worked on over the past three months at incredible pace by a brilliant team of officials right across Government.*** *The Bill is consistent with the action plan, so while some people might have been surprised by each of the measures we have taken, they have all been part of the plan that we set out right at the start. I can confirm that it is only for coronavirus.*
> *I also want to give further detail to my previous answer to the hon. Member for Cardiff South and Penarth (Stephen Doughty), which is that section 21 does not specify what it defines as a gathering or an event. It is deliberately broad, so it could include a care home, should we need it to, and that would be defined in secondary legislation should that be necessary.*

As this was stated on the 23rd March, it implies work on the Bill was started around 23 Dec, 2019 – yet the WHO declared a pandemic on 11 March 2020[31] – only 12 days before this speech. We must therefore ask if Mr Hancock mis-spoke and meant "3 weeks" not "3 months." However, even this would move the Bill's "preparation period" before the WHO announcement.

2.5 Was the Coronavirus Bill Ever Properly Scrutinized?

In an online lecture to the Cambridge Law Faculty on 27 Oct 2020, by Lord Jonathan Sumption, who served as a UK Supreme Court Justice from 2012-18[32], noted:

> *"This hefty document of 348 pages with a 102 sections and 29 schedules was pushed through all its stages in a single day in each house of parliament just as the lockdown was announced. In the time available, no serious scrutiny of its terms would have been possible."*

He further noted how Boris Johnson and Matthew Hancock acted unlawfully:

> *The problems begin with the very first days of the lockdown. In his televised press conference of 23 March, the Prime Minister described his announcement of the lockdown as an "instruction" to the British people. He said that he was "immediately" stopping gatherings of more than two people in public and all social events except funerals. A number of police forces announced within minutes of the broadcast that they would be enforcing this at once. The Health Secretary, Mr. Hancock, made a statement in the House of Commons the next day in which he said: "these measures are not advice; they are rules." All of this was bluff. Even on the widest view of the legislation, the government had no power to give such orders without making statutory regulations. No such regulations existed until 1 p.m. on 26 March, three days after the announcement. The Prime Minister had no power to give "instructions" to the British people, and certainly no power to do so by a mere oral announcement at a Downing Street press conference. The police had no power to enforce them. Mr Hancock's statement in the House of*

> *Commons was not correct. Until 26 March the government's statements were not rules, but advice, which every citizen was at liberty to ignore.*

2.6 Evidence that COVID-19 is not a "Dangerous Virus"

Measures that have been taken by the British Government (and other governments) assumed that we have been dealing with a "deadly virus" (as we will see, further below). The actual facts seem to be that it is only fatal to people who are already ill or elderly or both. Younger, healthier people are either unaffected, don't fall seriously ill or recover after some illness.

In the UK, both Prince Charles (Windsor or Sax-Coburg)[33] - himself now in the "vulnerable" over 70's age group - and 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[34]. While on the subject of politicians, we can note that Scottish Health Chief Catherine Calderwood, decided to travel to her holiday home and not stay in "self-isolation" in early April 2020[35]. In the USA, prominent figures[36] including New York Mayor Bill De Blasio[37] and Chicago Mayor Lori Lightfoot[38] have also ignored "lockdown" rules, for their own non-essential activities.

Another high-profile "victim," Hollywood Actor Tom Hanks[39] was "not even sick". In a 14 Mar 2020 Daily Mail story, Arsenal football boss, Mikel Arteta[40], 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.

The above evidence is a close match to what Dr Chris Whitty (Chief Medical Adviser to the UK Government) said on 11/5/2020.[41]

> *The great majority of the population won't die from this. A proportion of the population won't get the virus at all. Of those who get symptoms – 80% are mild or moderate. Even the very highest risk groups, the great majority, if they catch this virus, will not die.*

2.7 Recording and Reporting of COVID-19 Deaths

2.7.1 UK - Changes Made to Reporting Methods

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 [42](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."*

However a spreadsheet on ONS's website states[43] (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."*

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[44]:

> *"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."*

In the final emboldened sentence above, it seems the ONS has acknowledged the anomalies in the data that question the validity of COVID-19 as the underlying cause.

Assuming Dr Chris Whitty's statement that "most people who get the virus will not die from it" was accurate, this would explain why there was a political - rather than medical - motivation to change the way the COVID-19 related death figures were recorded and reported, to ensure the "pandemic" was responsible for the deaths of many more people than it actually was. This is fraud.

2.8 Reporting Of COVID Deaths in Other Countries

A Bloomberg Headline, dated 18 Mar 2020 reads[45] "99% of Those Who Died From Virus Had Other Illness, Italy Says"

> *The Rome-based institute has examined medical records of about 18% of the country's Coronavirus fatalities, finding that just three victims, or 0.8% of the total, had no previous pathology. Almost half of the victims suffered from at least three prior illnesses and about a fourth had either one or two previous conditions.*

Similarly, a Daily Telegraph Article from 23 Mar 2020 reads[46]:

> *"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 25 Apr 2020, Italian MP Vittorio Sgarbi passionately stated in parliament that Italians had been lied to about the figures and that "we must be united against dictatorships and united in truth. Let us not make this the House of lies."[47] He talked about "false numbers that are given to terrorize the Italians." This mirrors what seems to have happened in the UK, where the effects of the alleged pandemic were felt a few days or weeks later than in Italy.

2.9 Causes of Death Misattributed to COVID-19

By early May 2020, many reports had emerged on Social Media Platforms of death 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[48]. 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 Coronavlrus, 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.*

Careful analysis seems to show that a proportion of excess deaths are being caused by lockdown measures.[49]

2.10 Conflicts of Interest - UK Government Minister and Advisers

2.10.1 Vaccine Impact Modelling Group

Prof Neil Ferguson has been involved with generating projected figures of COVID-19 infection and mortality[50]. Ferguson is on the management team of the "Vaccine Impact Modelling Consortium." This group is overseen or even funded by the BMGF – The Bill and Melinda Gates Foundation[51].

In the normal course of things, where experts are advising government on matters, conflicts of interest are meant to be disclosed. Bill Gates (who has no medical qualifications or training) implied in a BBC interview that he treats mass vaccination, and possibly tracking to whom these vaccinations have been administered, as a "business interest." It appears Professor Ferguson is also involved in this "interest." I am therefore pointing this out as a possible serious "conflict of interest." Further issues relating to conflicts of interest in relation to vaccination programmes and COVID-19 response plans were discussed by Vanessa Beeley, Brian Gerrish and Mike Robinson in a 15 Apr 2020 independent "UK Column" news broadcast. [52]

2.10.2 SAGE and Whitty – A Further Conflict of Interest?

Prof. Chris Whitty is the UK's Chief Medical Officer[53] and a 4 Mar 2020 Guardian article titled "Prof Chris Whitty: the expert we need in the Coronavirus crisis"[54] reports:

> *In 2008, **he was awarded $40m (£31m) by the Bill and Melinda Gates Foundation** for malaria research in Africa. A year later, Whitty, a doctor and epidemiologist (a scientist who*

studies the pattern of diseases), was appointed chief scientific adviser to the Department for International Development (DfID).

Prof Whitty is also part of the UK's SAGE (Scientific Advisory Group for Emergencies) Committee[55] which has made recommendations about the duration of the UK's "COVID-19" lockdown. Some people have expressed concern about the intention to keep some of SAGE's activities secret[56]. We will examine a possible reason for this intention in section 3.1.

2.10.3 UK Secretary of State for Health – Matthew Hancock – More Conflict of Interest?

We can additionally note a post and photograph from Mr Hancock's "Facebook" profile from 24 Jan 2019[57], with the caption "Terrific to meet Bill.Gates at #wef19 today to discuss the importance of tackling antimicrobial resistance at the global level": (The WEF is the World Economic Forum[58])

It is also worth noting other facts about Mr Hancock, which Vanessa Beeley has written about in her UK Column article[59].Mr Hancock has ties to a company called Babylon Healthcare Services[60] – in particular promoting an app called "GP At Hand" to the NHS[61]. Another government advisor, Dominic Cummings, is also linked to Babylon[62]. It has not escaped many people's attention that GP's have, as part of "COVID" measures, vastly increased their use of telephone or "remote" appointments.

3. Acts of Domestic Terrorism

The UK Terrorism Act[63] states

> *Terrorism: interpretation.*
> *(1)In this Act "terrorism" means the use or threat of action where—*
> *(a)the action falls within subsection (2),*
> *(b)the use or threat is designed to influence the government [F1or an international governmental organisation] or* ***to intimidate the public or a section of the public,*** *and*
> *(c)****the use or threat is made for the purpose of advancing a political, religious [F2, racial] or ideological cause.***
> *(2)Action falls within this subsection if it—*
> *(a)involves serious violence against a person,*
> *(b)involves serious damage to property,*
> *(c)endangers a person's life, other than that of the person committing the action,*
> *(d)****creates a serious risk to the health or safety of the public or a section of the public, or***
> *(e)is designed seriously to interfere with or seriously to disrupt an electronic system.*
> *(3)The use or threat of action falling within subsection (2) which involves the use of firearms or explosives is terrorism whether or not subsection (1)(b) is satisfied.*

3.1 Paper prepared for the Scientific Advisory Group for Emergencies (SAGE).

At least one publicly available government document strongly suggests that Government Ministers and/or their advisors have committed an offence under the UK Terrorism Act. For example, in a document entitled "Options for increasing adherence to social distancing measures," dated, 22 March 2020[64] - at the bottom of page 1, we read:

> *Perceived threat: A substantial number of people still do not feel sufficiently personally threatened;* ***it could be that they are reassured by the low death rate in their demographic group*** *(8), although levels of concern may be rising (9). Having a good understanding of the risk has been found to be positively associated with adoption of COVID-19 social distancing measures in Hong Kong (10). The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging. To be effective this must also empower people by making clear the actions they can take to reduce the threat (11).*

Later, in a table on page 6 we see:

> - *Use media to increase sense of personal threat*
> - *Consider enacting legislation to compel required behaviours*
> - *Consider use of social disapproval for failure to comply*

It is staggering to observe that this document implies that there is a *"low death rate in a given demographic group,"* yet considers the need to *"use media to increase sense of personal threat."*

Appendix B: APEASE evaluation grid for options to rapidly increase general social distancing

Option	Evaluation criteria (APEASE)					
	Acceptability	Practicability	Effectiveness	Affordability	Spill-over effects	Equity
1. Provide clear, precise, credible guidance about specific behaviours	HIGH	HIGH	HIGH IF ACCOMPANIED BY OTHER OPTIONS	HIGH	POSITIVE	UNCERTAIN
2. Use media to increase sense of personal threat	HIGH	HIGH	HIGH IF ACCOMPANIED BY OTHER OPTIONS	HIGH	COULD BE NEGATIVE	UNCERTAIN
3. Use media to increase sense of responsibility to others	HIGH	HIGH	HIGH IF ACCOMPANIED BY OTHER OPTIONS	HIGH	POSITIVE	UNCERTAIN
4. Use media to promote positive messaging around actions	HIGH	HIGH	HIGH IF ACCOMPANIED BY OTHER OPTIONS	HIGH	POSITIVE	UNCERTAIN
5. Tailor messaging	HIGH	HIGH	HIGH IF ACCOMPANIED BY OTHER OPTIONS	HIGH	UNCERTAIN	UNCERTAIN
6. Use and promote social approval for desired behaviours	HIGH	HIGH	COULD BE HIGH	HIGH	POSITIVE	UNCERTAIN
7. Consider enacting legislation to compel required behaviours	COULD BE HIGH IF EQUITY ISSUES ADDRESSED	DEPENDS ON TIMESCALE	COULD BE HIGH IF ACCEPTABLE AND ENFORCED	UNCERTAIN DEPENDING ON LEVEL OF ENFORCMENT	COULD BE NEGATIVE	COULD BE NEGATIVE
8. Consider use of social disapproval for failure to comply	UNCERTAIN	HIGH	COULD BE HIGH IF ACCOMPANIED BY OTHER MEASURES	HIGH	COULD BE NEGATIVE	COULD BE NEGATIVE
9. Develop and mobilise adequately resources community infrastructure	HIGH	VARIABLE	HIGH	MODERATE	POSITIVE	POSITIVE
10. Provide financial and material resources to mitigate effects of measures on equity	HIGH	VARIABLE	HIGH	UNCERTAIN	POSITIVE	POSITIVE

Studying the language used in this document reveals an obvious theme of "scaring" or even threatening the public (to comply with recommendations - not laws) as a way of "protecting their health," rather than giving them accurate, timely information - and admitting to them that the virus is very similar to ones which are apparently responsible for other "seasonal flu" outbreaks and, as such, poses little or no extra risk to them.

We have already seen the "serious risk to public health" that the use of these guidelines/policies has created. In an ITV article dated 6th May 2020, Marjorie Wallace, who founded a charity called "SANE" in 1985[65], is quoted as saying:

> *"In the last month the levels of distress, the acute anxiety and the feelings of helplessness have reached a new threshold," she says.*

In a 16 May 2020 article from the Guardian[66], we read:

> *A survey it undertook of psychiatrists across the UK revealed that families were experiencing significant tension as a result of staying at home together all the time. Four in 10 psychiatrists report an increase in people needing urgent and emergency mental healthcare – including new patients – in the wake of the lockdown.*

I regard this as evidence of acts of terrorism by the UK Government – as they have never provided sufficient evidence of a real COVID-19 threat and their own documents suggest that they know it is not a real or serious threat.

3.2 Media Campaigns of Public Intimidation?

At least twice following the changes in "lockdown" measures, all the UK National Daily Newspapers (and apparently some local papers) carried the same design/message on a "special outer cover". On 17 April 2020, we saw the same intimidating message "Stay at Home" carried on all main Daily Newspaper covers[67].

On 14 May 2020 we saw a similar "Stay Alert!" message on their covers.

In April 2020, the Cabinet Office agreed a budget of £216 million – just for "COVID" related advertising![68] We know that the media were paid for these campaigns, so we can then ask how critical would they be expected to be of the consensus COVID-19 narrative? Would this explain why they have failed to significantly highlight or adequately investigate the key pieces of evidence described in this document?

What sort of effect do these media campaigns, coupled with the months-long, hourly/incessant reporting of COVID deaths and cases (across all media) have on the public's general state of mind?

One can see that it is easier to orchestrate such a campaign with the ongoing concentration of media ownership in the hands of fewer and fewer corporations[69].

3.3 Cressida Dick - Incitement to "shaming," Discriminating against the Disabled.

During an interview and phone in on LBC with Nick Ferrari on the morning of 22 July 2020, Metropolitan Police Chief, Cressida Dick (who is not a health professional) stated[70], regarding those who don't wear a face covering when shopping:

> *People who are not complying will be shamed into complying or shamed to leave the store by the store-keepers or other members of the public"*

On LBC's website she is quoted as saying:

> *"My hope is that the vast majority of people will comply and people will be shamed into leaving the store"*

To me, it seems like this statement does get close to contravening Section 127 (1a) of the 2003 Communications Act[71]:

> *"Improper use of public electronic communications network*
> *A person is guilty of an offence if he –*
> *(a) sends by means of a public electronic communications network a message or other matter that is grossly offensive or of an indecent, obscene or menacing character…"*

Suggesting someone should be "shamed to leave a store" sounds "menacing" to me. Also, Dick has possibly committed an offence in that she was, essentially, inciting discrimination against disabled people who cannot wear a mask, or are medically exempt from doing so.

One can also ask the questions "how close is inciting 'shaming' to inciting hatred?" and "how is it that a top police chief would not carefully consider the ramifications of what she is saying in a (very) public forum?"

3.4 Destruction of Buildings to Prevent "Second Virus Wave"?

In early August 2020, stories appeared suggesting[72] councils can destroy buildings and seize vehicles to "prevent the spread of the virus."[73]

> *Public Health (Control of Disease Act) 1984 [sections 45G, 45H and 45I]: local authorities can make an application to a Justice of the Peace in the Magistrates' Court to impose restrictions or requirements to close contaminated premises; close public spaces in the area of the local authority; detain a conveyance or movable structure; disinfect or decontaminate premises; or order that a building, conveyance or structure be destroyed*

This also seems to be like a form of potential terrorism – especially as, currently, such action would be based on results of a test which does not work. Also in this bill, we read:

> *Wherever possible, actions to address outbreaks of COVID-19 will be undertaken in partnership with local communities, on the basis of informed engagement and consent. UTLAs will have powers to close individual premises, public outdoor places and prevent specific events.* ***This means that UTLAs will no longer have to make representations to a magistrate in order to close a premises.*** *Premises which form part of essential infrastructure will not be in scope of these powers. A non-exhaustive list of the types of categories of infrastructure will be set out in government guidance.*

This also opens up the possibilities for harassment, domestic terrorism or human rights abuses to take place, as there would not be any "checks or balances" in place to safeguard the use of such extreme measures.

4. Human Rights Violations

4.1 Lockdown Restrictions and the Universal Declaration of Human Rights

The UK is a member of the United Nations, which, in 1948 set out the Universal Declaration of Human Rights (UDHR).[74] The UK Human Rights Act (1998) seems to apply to how people should be treated in court. However, the UDHR Articles (referenced below) are listed in Schedule 1 of this 1998 Act.[75]

Threatening or placing restrictions on freedom of movement or freedom of association is a contravention of Article 13 of the UDHR - and this is exactly what the government did in response to the alleged (and unproved) threat from the (never-isolated or clearly identified) virus. With the blocking of visitors to hospital wards, some care homes and other healthcare establishments, they have become "virtual prisons."

The cancellation of operations and the removal of physical (face-to-face) access to routine healthcare services is an abuse of human rights, in a supposedly civilised, developed, society. The removal of access to these services is a contravention of Article 21. Similarly, the closure and/or restriction of libraries, museums and many other public services contravenes Article 21.

The closure of Churches and other places of worship is a contravention of UDHR Article 18, while The closure of theatres and concert venues is a contravention of Article 27.

Proposed measures for schools, soon to be actioned, are similarly "close to the bone" of human rights abuses - all because of an unproven threat that has never been properly identified or isolated.

Those arguing that the measures are justified based on a "yet to be clearly identified/isolated viral threat" should note Article 30 of the UDHR which states:

> *Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.*

4.2 Assumed Infectious Until "Proven Otherwise"

It seems the government and media have conspired to create an environment where "everyone is assumed to be infectious" and/or "a potential danger to public health" until proven otherwise. This is quite similar to a reversal of the way criminal justice is supposed to work. In the absence of any evidence against an accused person, they are "innocent until proven guilty." In the same way, the basic assumption should be that people **without** any symptoms are "**healthy and non-infectious** until proven otherwise." If this basic principle is not upheld, basic human freedom is compromised and this is, in spirit, a contravention of Article 11 of the Universal Declaration of Human Rights,[76] which states:

> *Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.*

(i.e. substitute "penal offence" for "being infectious"). Neither the PCR nor the "antibody" test in use establishes whether someone is a health risk to anyone else so no one has a health-based "guarantee necessary for his defence" in the case of measures invoked against them, which restrict their freedom.

4.3 Track and Trace Measures

Once again, these are unworkable, in the absence of a reliable "gold standard" measure of the presence of an infectious virus. The use of such measures, whatever standard they are based on contravenes Article 12 of the UDHR:

> *No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.*

In March 2020 statements were made by Dr Michael Ryan, Executive Director, WHO Health Emergencies Programme[77], apparently discussing the situation in India[78]:

> *"Most of the transmission that's actually happening in many countries now is happening in the household at family level. In some senses, transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them and isolate them in a safe and dignified manner."*

This action would be in contravention of Article 12 of the UDHR (also see section 2.2). Any use of "Track and Trace" which interfered with a person's right to earn a living would be a contravention of this same article. We've already seen enforced quarantines and airline travel restrictions in various European Countries - **because the PCR test produces "arbitrary results" (the same person can produce both a positive and negative result in a short space of time), this means that such measures are "arbitrary interference," just as Article 12 describes.** In some places, quarantines are dictated even when no testing is done, or a negative PCR test result is found - so, this is also "arbitrary interference."

4.4 Vaccinations and Human Rights

"Noises" have been made in various places about mandatory vaccinations[79] to deal with the COVID-19 (or future) similar "threats," however, it should be noted that this would be a fundamental breach of human rights (as would some type of "implanted chip" or "smart tattoo" to enable some type of tracking). It should be noted that mandatory vaccination would be in direct violation of The Nuremberg Code and a violation of article 6 of the UNESCO 2005 Statement On Bioethics And Human Rights[80].

Limiting peoples' freedom to work, travel or access services based on some kind of "immunity passport[81]" has all kinds of Human Rights related implications - especially for those who don't agree that vaccines are a safe or effective way of dealing with infectious diseases and therefore do not consent to their use on their bodies.

5. Breaches of Health Care Related Laws

Due to the introduction of the Coronavirus Bill, based on no verifiable scientific evidence, many unnecessary deaths have occurred. Not only that, but suppression of evidence for the successful treatment of COVID-19 symptoms also means that many doctors and health care professionals could be shown to be guilty of medical malpractice and/or clinical negligence. For example, the Citizen's Advice Bureau[82] lists the following situations which would be classed as clinical negligence, where a doctor:

- failed to diagnose your condition or made the wrong diagnosis
- made a mistake during a procedure or operation
- gave you the wrong drug
- didn't get your informed consent to treatment
- didn't warn you about the risks of a particular treatment.

As has already been shown, the use of the PCR test currently has been used to "make the wrong diagnosis" - meaning instances of its use are, essentially, instances of clinical negligence. In some cases, people continue to test "positive" even when they have recovered from an infection. This can have disastrous consequences, such as a new born baby being separated from its mother.[83]

5.1 The Health and Social Care Act (2012)

The Health and Social Care Act (2012)[84] states that there is a "Duty to carry out impact assessments" (by "Monitor")

> *(a)to have a significant impact on persons who provide health care services for the purposes of the NHS;*
> *(b)to have a significant impact on people who use health care services provided for the purposes of the NHS;*
> *(c)to have a significant impact on the general public in England (or in a particular part of England);*
> *(d)to involve a major change in the activities Monitor carries on;*

The act also states

> *(4)Before implementing the proposal, Monitor must either—*
> *(a)carry out and publish an assessment of the likely impact of implementation, or*
> *(b)publish a statement setting out its reasons for concluding that it does not need to carry out an assessment under paragraph (a).*

It appears that laws related to this act were broken – as Health Impact Assessments of the "Lockdown Measures" were not undertaken prior to their implementation. Further, the ongoing restrictions in access to NHS services have not been subject to "Impact Assessments" either. From the points above, we can obviously see that this was absolutely necessary – and is something that cannot have been done in retrospect. This law has simply been discarded, once again, because of an unproven threat. Matthew Hancock and other officials must take responsibility for breaking this law.

5.2 Masks

Some studies have shown that wearing masks for prolonged periods can lead to negative health effects and if masks are not discarded, they can create their own hygiene and infection-related problems.

5.2.1 Government Statements in Mar/April 2020

The UK Government has issued contradictory advice/rulings about the use of face coverings. Here are some quotes that are recorded in a video[85]:

> **Matt Hancock – 24 April 2020 – Online Interview -** "The evidence for the use of masks by the general public – especially outdoors – is extremely weak…"
>
> **Government Briefing Statement on 24 April 2020 -** "The evidence on facemasks has always been quite variable… quite weak, quite difficult to know and there's no real trials on it."
>
> **Chris Whitty – 4 March -** "In terms of wearing a mask, if you don't have an infection really reduces the risks… almost not at all…"
>
> **28 April 2020 – Government Briefing - "**The recommendation from SAGE is completely clear – which is that there is weak evidence of a small effect in which a face mask can prevent a *source* of infection going from someone who is infected to the people around them."

Yet, on 24th July, a mask mandate was introduced for entering UK shops, though there was no mention of:

- The scientific evidence on which this mandate was based.
- How the efficacy of the mandate would be measured.
- The conditions or situation which would trigger the rescinding of the mandate.

Once again, it appears that there was no "impact assessment" conducted - or, if there was, this was not presented to the public or referenced when the mandate was introduced - so it appears this mandate breaks the Health and Social Care Act, 2012.

5.2.2 A Sample of Scientific Studies on Mask Usage

Below, I quote some references collected by Arthur Firstenberg along with summaries of the same.

- Ritter et al.[86], in 1975, found that "**the wearing of a surgical face mask had no effect upon the overall operating room environmental contamination**."
- Ha'eri and Wiley[87], in 1980, applied human albumin microspheres to the interior of surgical masks in 20 operations. At the end of each operation, wound washings were examined under the microscope. "**Particle contamination of the wound was demonstrated in all experiments**."
- Laslett and Sabin[88], in 1989, found that caps and masks were not necessary during cardiac catheterization. "**No infections were found in any patient, regardless of whether a cap or mask was used**," they wrote. Sjøl and Kelbaek[89] came to the same conclusion in 2002.
- In Tunevall's 1991 study[90], a general surgical team wore no masks in half of their surgeries for two years. After 1,537 operations performed with masks, the wound infection rate was 4.7%, while after 1,551 operations performed without masks, the wound infection rate was only 3.5%.
- A review by Skinner and Sutton[91] in 2001 concluded that "**The evidence for discontinuing the use of surgical face masks would appear to be stronger than the evidence available to support their continued use.**"
- Lahme et al.[92], in 2001, wrote that "**surgical face masks worn by patients during regional anaesthesia, did not reduce the concentration of airborne bacteria over the operation field in our study. Thus they are dispensable**."
- Figueiredo et al.[93], in 2001, reported that in five years of doing peritoneal dialysis without masks, rates of peritonitis in their unit were no different than rates in hospitals where masks were worn.

- Bahli[94] did a systematic literature review in 2009 and found that "**no significant difference in the incidence of postoperative wound infection was observed between masks groups and groups operated with no masks.**"
- Surgeons at the Karolinska Institute[95] in Sweden, recognizing the lack of evidence supporting the use of masks, ceased requiring them in 2010 for anesthesiologists and other non-scrubbed personnel in the operating room. "**Our decision to no longer require routine surgical masks for personnel not scrubbed for surgery is a departure from common practice. But the evidence to support this practice does not exist**," wrote Dr. Eva Sellden.
- Webster et al.[96], in 2010, reported on obstetric, gynecological, general, orthopaedic, breast and urological surgeries performed on 827 patients. All non-scrubbed staff wore masks in half the surgeries, and none of the non-scrubbed staff wore masks in half the surgeries. Surgical site infections occurred in 11.5% of the Mask group, and in only 9.0% of the No Mask group.
- Lipp and Edwards[97] reviewed the surgical literature in 2014 and found "**no statistically significant difference in infection rates between the masked and unmasked group in any of the trials**." Vincent and Edwards[98] updated this review in 2016 and the conclusion was the same.
- Carøe[99], in a 2014 review based on four studies and 6,006 patients, wrote that "**none of the four studies found a difference in the number of post-operative infections whether you used a surgical mask or not**."
- Salassa and Swiontkowski[100], in 2014, investigated the necessity of scrubs, masks and head coverings in the operating room and concluded that "**there is no evidence that these measures reduce the prevalence of surgical site infection**."
- Da Zhou et al.[101], reviewing the literature in 2015, concluded that "**there is a lack of substantial evidence to support claims that facemasks protect either patient or surgeon from infectious contamination**."

Firstenberg also notes the health problems created by using a mask for an excessive period.

> *Schools in China are now prohibiting students from wearing masks[102] while exercising. Why? Because it was killing them. It was depriving them of oxygen and it was killing them. At least three children died during Physical Education classes -- two of them while running on their school's track while wearing a mask. And a 26-year-old man suffered a collapsed lung[103] after running two and a half miles while wearing a mask.*

The mask mandate, like other COVID-19 related measures, makes an implicit assumption that most or all of the population are infected and/or infectious. Yet, the proportion of the population that have been tested for SARS-COV2 (using a test which is inconclusive) is small. So, why was the mask mandate introduced? Perhaps the mask mandate amounts to an additional form of psychological torture – a form of domestic terrorism, as it has been carried out on the general population, not in a few isolated cases.

5.3 Hydroxychloroquine (HCQ) and Other Treatment for COVID-19 Victims

5.3.1 Hydroxychloroquine (HCQ)

This treatment has not been properly discussed in the UK press and media. It is a medicine/drug that has been in use for over 65 years. Its use in treating COVID-19 symptoms was first mooted as early as February 2020 in a letter to the "Nature" Journal[104]. The lack of use has almost certainly cost lives[105].

US Dr. Simone Gold, MD, JD, FABEM,[106] is an emergency physician who has also done legal work on policy issues relating to law and medicine. In July 2020, she posted a White Paper[107] on the use of HCQ, in which, on Page 8 she writes:

> *There are only two things that must be considered regarding a medication: is it safe and does it work? HCQ is amongst the safest of all prescription drugs in USA and that is why across much of the world it is sold over the counter. And at a time when the world has become seized with panic over a virus without a specific cure, the question of effectiveness is almost moot. If a drug is safe and might work, and if there are no other options, we must try it.*
>
> *The safety record of HCQ is indisputable. But now seven months into the pandemic there is overwhelming evidence accumulating that HCQ is also effective for Covid-19. There are dozens of studies demonstrating its effectiveness from all around the world. From China to France to Saudi Arabia to Iran to Italy to India to New York City to Michigan to Brazil. This is not surprising. As far back as [Feb 2020], chloroquine (CQ) the first cousin of HCQ and previously known to be effective against SARS-CoV-1, was stated by China to be a treatment for Covid-19.*
>
> *February 19, 2020 China:[108] "The drug [chloroquine] is recommended to be included in the next version of the Guidelines for the Prevention, Diagnosis, and Treatment of Pneumonia Caused by COVID-19 issued by the National Health Commission of the People's Republic of China for the treatment of COVID-10 infection in larger populations in the future."*
>
> *March 4, 2020:[109] France: "The first results obtained from more than 100 patients show the superiority of chloroquine compared with treatment of the control group in terms of reduction of exacerbation of pneumonia, duration of symptoms and delay of viral clearance all in the absence of severe side effects."*
>
> *March 20, 2020:[110] New York: 1450 patients. 1045 mild and not requiring meds (all recovered), 405 treated with HCQ + AZM + Zinc of which six were hospitalized and two died.*
>
> *March 22, 2020:[111] India: The country of India recommends HCQ prophylaxis broadly.*
>
> *March 22, 2020:[112] China: "Among patients with Covid-19, HCQ could significantly shorten time to complete recovery and promote the absorption of pneumonia."*
>
> *April 11, 2020:[113] France: All patients [treated with HCQ + AZM] improved clinically except [two]… A rapid fall of nasopharyngeal viral load was noted. … Patients were able to be rapidly discharged from IDU [Infectious Disease Unit]…"*
>
> *April 13, 2020:[114] NY: 54 long-term care/nursing home patients received HCQ+ Doxycycline and only 5.6% died. (this population can have >50% mortality) Also see ABC News[115].*

Based on this information, it seems that this drug should be brought into use immediately, where applicable. Perhaps it would help stop a "second wave…"?

The failure of doctors to use this drug amounts to medical negligence or malpractice – and those victims who became aware of this drug's efficacy - and its suppression - could, justifiably, take legal action over the matter.

Use of this drug, for a high percentage of people, would also obviate any need for use of an (unproven, not-double-blind tested) vaccine – as any "COVID" symptoms are quickly remedied. In the USA (and probably in the UK too) according to a 2017 FDA document "Emergency Use Authorization of Medical Products and Related Authorities" (page 3)[116], no "emergency vaccine usage" can be authorised if an effective alternative treatment (as indicated in the studies referenced above) is already available.

> *The Commissioner may issue an EUA to allow an MCM to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by a CBRN agent when there are no adequate, approved, and available alternatives. Section III of this guidance addresses EUAs.*

This is also perhaps why the FDA **removed** the approval status of HCQ **despite** a 2005 study which concluded a closely related drug, Chloroquine, "…is a potent inhibitor of SARS coronavirus infection and spread."[117]

5.3.2 Other Treatments

Further research reveals other safe, effective treatments for alleged COVID victims, such as the use of Administration of calcifediol or 25-hydroxyvitamin D[118].

Another study reports Oxygen-ozone (O2-O3) immunoceutical therapy as being effective[119].

5.4 Empty Beds And Nightingale Hospitals Mothballed

The over-reaction to an unproven virus threat has led to medical malpractice - one example might be the request to Care Homes to take "COVID-19 Positive Patients" from hospitals (presumably to "free up NHS beds").[120] If this was done to free up NHS beds[121], then it certainly seems to have been a huge mistake[122] - as we know that the "Nightingale Hospitals" have largely been "mothballed,"[123] and received few if any patients during their time of operation. Many regular hospital wards remained empty.[124] Staff who know this have been threatened with sanctions if they speak out.[125]

In late August 2020, many NHS services remain closed to users, with routine operations and treatments mostly unavailable - despite the reduction in both deaths attributed to COVID-19 and questionable results from the PCR tests also showing no new cases in some areas where hospitals are essentially "closed" for non-essential cases. This, as mentioned above, is a breach of the Health And Social Care Act, and is yet another human rights violation.

5.5 A "Second Wave"?

Now that the PCR test is being used routinely, it is easily possible, for corrupt authoritarian powers to claim that a city/country/region or the whole world is experiencing a "second wave of infection." Based on what has been happening, it seems far, far more likely that most or all excess deaths will be caused by ongoing restrictions in health service provision, suicide, stress and conflict within families and communities due to the destruction of local, national and global economies. Yet, based on recent experience, authorities under the control of political and vested commercial interests will be forced to blame these deaths on COVID-19 or some variant of it. This would be necessary so that the fraud is perpetuated and the risk of the criminals (who are in control) being investigated, exposed and brought to justice remains small. This situation affects all of us and enhances the need for readers to take the evidence in this report seriously – and act with haste and in good conscience.

6. Conclusions

I cannot overstate the seriousness of the matters discussed here and neither can I stress enough the need for those reviewing this report to study the evidence for themselves – **because our future depends on this**.

Failure to investigate and act on this evidence could lead to a future which is far worse than any that was considered possible only 12 months ago.

Should I use the same tactics that the governments of the world have used to "scare readers" into doing their investigation? Does human nature force such a course of action to achieve a desired outcome? Would the threat of legal action force people to act ethically, honestly and openly? Perhaps it is the case that so many people have invested so much in the COVID-19 narrative that all of this is just another exercise in futility.

6.1 Persons To Be Investigated and/or Charged Under Laws Referenced in this Document

Based on the evidence covered in this document, and the actions of the people concerned, the following table summarises some of the offences and/or crimes the people below could be investigated and charged with, based on a truthful assessment of what has happened between March and August 2020.

Name & Position	Fraud	Domestic Terrorism	Human Rights Violations	Health and Social Care Act, 2012
Deputy Chief Executive and Chief Operating Officer of PHE Richard Gleave			✓	✓
PHE Medical Director Yvonne Doyle PHE DIrectors[126]			✓	✓
Matthew Hancock		✓	✓	✓
Boris Johnson		✓	✓	✓
Neil Ferguson	✓	✓		
SAGE Committee Members[127]		✓	?	
Media Chief Executives: BBC Director, Tony Hall (and senior News Editors) ITV Directors[128]		✓		

6.2 Required Actions

The people mentioned in this document should be questioned and investigated, in relation to the matters and legislation mentioned here - as well as related matters deemed relevant by anyone with the authority and courage to actually take up this investigation.

6.2.1 Health/Medical

- All PCR/COVID-19 testing should be stopped immediately.
- All "Track and Trace" type activities and programmes should end immediately. They will not prevent anything and their efficacy cannot be measured – when the results of using them are determined based on a test that does not work. Such programmes, even if claimed to be effective, violate human rights. Funds allocated to these put into more immediate health care concerns.
- Knowledge of Hydroxychloroquine treatment protocols for victims of the alleged COVID-19 disease needs to be honestly and accurately disseminated, so that this treatment can be rapidly brought into use to save lives – as it has in several other countries[129].
- Vaccine development programmes and trials should be abandoned – as they are not effective because the virus they are meant to protect against has not been clearly identified.

6.2.2 Legal

- Following a thorough investigation of the facts, government ministers and advisors should be questioned and cautioned with legal action, for breaking the laws related to terrorism, medical practice, fraud and human rights. Other more widely used laws have probably also been broken by some of these people and they should be charged accordingly, based on evidence gathered.
- All COVID-related laws and measures - including lockdowns, local lockdowns, restrictions placed on the NHS and all other Health Care organisations must be removed and a restoration of "pre-COVID-fraud" levels of service must be completed.

6.2.3 Media

- Further, those who are in responsible positions in the mainstream British media need to be questioned and sanctioned. The false narrative that they have been promoting must be revealed as being fraudulent - and the revelation of the fraud must be as emphatic as the fear-mongering campaign which cemented it in the public mindset in the first place.
- Advertising and Public Relations companies also need to be shown evidence of the fraud and then prosecuted, as appropriate, and pressure must be brought to bear on them to explain their actions and then produce new campaigns to reverse the damage done by the ones which have been based on this fraud.

6.3 You May Not Have Heard about the Protests…

As a footnote, one can easily ask why the media has spent so little time reporting the rising number of protests against the unjustified and unjustifiable COVID-19 related measures, such as those in London[130] and Berlin[131] on 29 Aug 2020, which attracted tens of thousands of people.

On the same date, Robert F Kennedy Junior, nephew of John F Kennedy, launched the European Children's Health Defence League[132], in association with the ACU[133] - a group of German Doctors. Ending an 18 minute speech/address, Kennedy said:

> *We want to see the studies on the hydroxychloroquine. We want to see the studies on whether lockdown is killing more people and the coronavirus. We want to see real science and real risk assessments and we are not going to take their word… My father told me, when I was a child, people in authority lie and we all if we are going to continue to live in a democracy, we need to understand that people in authority lie. People in authority will abuse every power that we relinquish to them and right now we are giving them the power to micromanage every bit of our lives - 24 hours a day - they're going to know where we are. They're going to know the money that we spend. They are going to have access to our children. They're going to have the right to compel unwanted medical interventions on us.*
>
> *You know the Nazis did that in the camps, in world war II. They tested vaccines on gypsies and Jews and the world was so horrified after the war, we signed the Nuremberg charter and we all pledged, when we do that, we would never again impose unwanted medical interventions on human beings, without informed consent.*
>
> *And yet in two years, all of that conviction has suddenly disappeared, and people are walking around in masks, where the science has not been explained to them. They are doing what they're told. These government agencies are orchestrating obedience. It is not democratic. It's not the product of democracy. It's the product of a pharmaceutical driven biosecurity agenda, that will enslave the entire human race and plunge us into a dystopian nightmare, where the apocalyptic forces of ignorance and greed will be running our lives and ruining our children and destroying all the dreams and dignity that we hope to give to our children.*
>
> *The launch of this organization - Children's health Defense in Europe is a beachhead - it's an announcement to the world and we are not going to take it. We are building institutions to fight your institutions and you have global institutions and we now have a global institution and we are going to be out tomorrow with the biggest crowd in German history and they're all going to be saying peacefully the same thing we are not going to let you take our democracy away. We are not going to let you take our health away. We are not going to let you take our freedoms away.*

6.4 The Future

These points are, of course, just the beginning – or perhaps they are "an ending" – for those who don't have the courage to face up to what has *really* been going on since early 2020 and, as such, condemn the rest of us, as Robert F Kennedy Jr stated, to a darker, more dystopian future than we know it should be.

It seems to me that, if whoever is reading this does not act soon, the chances of more people being arrested, in their pyjamas, when pregnant, having recently made a Facebook post about a "Lockdown Protest" which is deemed (by someone) to be "inciteful," will only increase. (Yes, this has already happened in Australia, in Aug 2020, to Zoe Lee.)[134]

7. References/Hyperlinks

[1] https://www.bmj.com/content/370/bmj.m2714

[2] https://www.jewishvirtuallibrary.org/joseph-goebbels-on-the-quot-big-lie-quot

[3] https://cvpandemicinvestigation.com/covid-19-investigation-report-challenging-the-narrative-pandemic/

[4] https://www.crowdjustice.com/case/lockdownlegalchallenge/

[5] https://static.crowdjustice.com/group_claim_document/Witness_statement_of_Michael_Gardner__20_May_2020_AR.PDF

[6] https://www.crowdjustice.com/case/the-coronavirus-act-2020/

[7] https://www.whatdotheyknow.com/request/documents_held_showing_sars_cov2

[8] https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms-and-what-to-do/

[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889328/Rapid_assessment_Roche_Ltd_Coronavirus_LightMix_Modular_SARS_and_Wuhan_CoV_E-gene_assay.pdf

[10] https://www.gov.uk/government/publications/covid-19-phe-laboratory-assessments-of-molecular-tests

[11] https://www.thelancet.com/action/showPdf?pii=S1473-3099(20)30158-4

[12] https://www.independent.co.uk/news/world/africa/coronavirus-tanzania-test-kits-suspicion-goat-pawpaw-positive-a9501291.html

[13] https://www.bitchute.com/video/IcU68gQwWVRy/

[14] https://www.weblyf.com/2020/05/coronavirus-the-truth-about-pcr-test-kit-from-the-inventor-and-other-experts/

[15] https://www.creative-diagnostics.com/sars-cov-2-coronavirus-multiplex-rt-qpcr-kit-277854-457.htm

[16] https://blogs.bmj.com/bmj/2020/05/06/diagnostic-tests-for-covid-19-improving-accuracy-and-global-harmonisation/

[17] https://www.bmj.com/content/369/bmj.m1808

[18] https://www.bitchute.com/video/uaPf1QpptAFs/

[19] https://www.andrewkaufmanmd.com/bio-credentials/

[20] https://www.who.int/docs/default-source/coronaviruse/real-time-rt-pcr-assays-for-the-detection-of-sars-cov-2-institut-pasteur-paris.pdf?sfvrsn=3662fcb6_2

[21] https://www.ncbi.nlm.nih.gov/nucleotide/NC_000008.11?report=genbank&log$=nuclalign&from=63648346&to=63648363

[22] https://www.parents.com/pregnancy/my-body/pregnancy-health/false-positive-hiv-test-and-pregnancy/

[23] https://pharmaphorum.com/partner-content/covid-19-detection-kits-market-will-touch-8-5-billion-by-2026/

[24] https://www.bbc.co.uk/news/uk-politics-52553229

[25] https://lockdownsceptics.org/code-review-of-fergusons-model/

[26] https://www.dailymail.co.uk/news/article-8164121/Professor-predicted-500-000-Britons-die-coronavirus-accused-having-patchy-record.html

[27] https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcidhttps:/www.gov.uk/guidance/high-consequence-infectious-diseases-hcid

[28] https://cvpandemicinvestigation.com/wp-content/uploads/2020/08/Letter-JVT-March13th_Open_Government_Status-.pdf

[29] https://cvpandemicinvestigation.com/wp-content/uploads/2020/08/ACDP_-COVID-19_M02-1.pdf

[30] https://hansard.parliament.uk/Commons/2020-03-23/debates/F4D06B4F-56CD-4B60-8306-BAB6D78AC7CF/CoronavirusBill

[31] https://eu.detroitnews.com/story/news/world/2020/03/11/declares-virus-crisis-now-pandemic/111415246/

[32] https://resources.law.cam.ac.uk/privatelaw/Freshfields_Lecture_2020_Government_by_Decree.pdf

[33] https://uk.style.yahoo.com/prince-charles-reunites-camilla-testing-083600153.html

[34] https://www.theguardian.com/politics/2020/apr/12/boris-johnson-leaves-hospital-as-he-continues-recovery-from-coronavirus

[35] https://www.heraldscotland.com/news/18359197.scotlands-chief-medical-officer-catherine-calderwood-spotted-flouting-coronavirus-lockdown-rules-visit-second-home/

[36] https://www.youtube.com/watch?v=GFNvcw12d08

[37] https://edition.cnn.com/2020/03/16/politics/bill-de-blasio-gym-coronavirus/index.html

[38] https://chicago.suntimes.com/city-hall/2020/4/6/21211314/getting-roots-done-not-essential-getting-hair-cut-mayor-lightfoot

[39] https://www.cnet.com/news/tom-hanks-rita-wilson-return-to-home-after-coronavirus-isolation-australia/

[40] https://www.dailymail.co.uk/sport/sportsnews/article-8112679/Coronavirus-Mikel-Artetas-wife-provides-update-Arsenal-boss.html

[41] https://www.bitchute.com/video/9YYPBCcwGOUS/

[42] 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

[43] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales

[44] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinmarch2020

[45] https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says

[46] https://www.telegraph.co.uk/global-health/science-and-disease/have-many-coronavirus-patients-died-italy/

[47] https://fromrome.info/2020/04/25/italian-senator-sgarbi-denounces-the-statistical-fraud-on-covid-19/

[48] http://checktheevidencecom.ipage.com/checktheevidence.com/pdf/COVID-19 - Social Media Evidence of Falsified Cause of Death.pdf

[49] https://youtu.be/KYvN1M9r0PY

[50] https://twitter.com/neil_ferguson/status/1241835454707699713

[51] https://www.vaccineimpact.org/resources/VIMC_orgchart_2017.pdf

[52] https://www.youtube.com/watch?v=C3ldtVWKlQI

[53] https://www.gov.uk/government/people/christopher-whitty.

[54] https://www.theguardian.com/society/2020/mar/04/prof-chris-whitty-the-expert-we-need-in-the-coronavirus-crisis

[55] https://www.gov.uk/government/news/update-from-sage-delay-phase-modelling

[56] https://www.telegraph.co.uk/news/2020/04/24/scientists-advising-government-vulnerable-lobbying-admits-chief/

[57] https://www.facebook.com/matthancockofficial/photos/a.523654854422238/2010641649056877/?type=3&theater

[58] https://www.weforum.org/focus/davos-2019

[59] https://www.ukcolumn.org/article/covid%E2%80%9319-big-pharma-players-behind-uk-government-lockdown

[60] https://www.gpathand.nhs.uk/switch-now?utm_source=babylon&utm_medium=header&utm_campaign=test

[61] https://www.wired.co.uk/article/babylon-health-nhs

[62] https://www.theguardian.com/politics/2019/oct/11/dominic-cummings-accused-of-conflict-of-interest-over-nhs-fund

[63] https://www.legislation.gov.uk/ukpga/2000/11/section/1

[64] https://www.gov.uk/government/publications/options-for-increasing-adherence-to-social-distancing-measures-22-march-2020

[65] https://www.itv.com/news/2020-05-06/charity-warns-of-mental-illness-timebomb-as-calls-increase-by-200

[66] https://www.theguardian.com/society/2020/may/16/uk-lockdown-causing-serious-mental-illness-in-first-time-patients

[67] https://www.thedrum.com/news/2020/04/17/uk-gov-enlists-newspapers-vast-stay-home-coverwrap-campaign

[68] https://www.gov.uk/government/publications/cabinet-office-spend-approvals-april-to-june-2020

[69] https://www.gold.ac.uk/media/documents-by-section/departments/research-centres-and-units/research-centres/leverhulme-media-research/FINALonline.pdf

[70] https://www.lbc.co.uk/radio/presenters/nickferrari/facemasks-cressida-dick-police/

[71] https://www.legislation.gov.uk/ukpga/2003/21/section/127

[72] https://www.guardian-series.co.uk/news/18633423.councils-can-destroy-buildings-prevent-second-coronavirus-wave/

[73] https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

[74] https://www.un.org/en/universal-declaration-human-rights/index.html

[75] https://www.legislation.gov.uk/ukpga/1998/42/schedule/1

[76] https://www.un.org/en/universal-declaration-human-rights/index.html

[77] https://www.who.int/dg/who-headquarters-leadership-team

[78] https://www.youtube.com/watch?v=Vg2fyKCSt24

[79] https://metro.co.uk/2019/09/30/children-forced-compulsory-vaccination-government-plans-10830352/amp/

[80] http://unesdoc.unesco.org/images/0014/001461/146180E.pdf

[81] https://www.theguardian.com/world/2020/mar/30/immunity-passports-could-speed-up-return-to-work-after-covid-19

[82] https://www.citizensadvice.org.uk/health/nhs-and-social-care-complaints/complaining-about-the-nhs/taking-your-complaint-against-the-nhs-to-court/clinical-negligence-in-the-nhs-taking-legal-action/

[83] https://www.statnews.com/2020/06/08/viral-shedding-covid19-pcr-montreal-baby/

[84] https://www.legislation.gov.uk/ukpga/2012/7/section/69/enacted

[85] https://www.bitchute.com/video/tplkqqEwqvzO/

[86] https://app.cyberimpact.com/click-tracking?ct=hhcSicYTc27Aom14SuWHCQz5cpQJwAbU4bz9e0WviuMnHRv7-NuQ8umMVWGEDQqFuUsjCpPKYlw6u3QlSoDmzyY9d-whPW3O3RJhEnYSlGI~

[87] https://app.cyberimpact.com/click-tracking?ct=1oMUlnRH9pspR3ixEuQaUCCY3_HJPyPAdYsswcuiBZ_Rv0CaPuDFtLKjZ1aGDa8gzszZ035SN3hCffSRr2qWBhsNYmtZ5ZFlJANqDmQYux0~

[88] https://app.cyberimpact.com/click-tracking?ct=2diYyHNR3ClvqTJ5Yam-Y_Xp9PVGxHzlwCn9O6CvfsS4hx8r-_0L7KxGdDIYfnUqQ85ZugECj_450jb_0gwUml25siWEyskcB-ds6xvsoMU~

[89] https://app.cyberimpact.com/click-tracking?ct=ELuP5GbCkN79Oun20BtrWN_ZtIlw4m104NCEmgsh1sERws5XiSYeS4A5Vu1C4j82hJlzgqbZBfCqcyNjS0aLlj1jnt5jH6KJ1YJwR54uaIQ~

[90] https://app.cyberimpact.com/click-tracking?ct=Vr_jyD1ftwZb8O9RqJ8w7b2IJAW2IBUAkxvv7-UG45KcoeC5cpiJ3OmMTmEhDZTixpa0rXxU8lwbu5SQJB7_3mq2Dk9Y5u7Zb7o5Idzkx4Q~

[91] https://app.cyberimpact.com/click-tracking?ct=dbxGHLotpmiq3Ukegnax8hxBB1grC0UabcHHdyvTbbMRbNhUyHAuOqHuI3iIfQLrTNVCr_DfHuKKJAlqkJl0JRwJ0B56YCg24cW5mOaP96o~

[92] https://app.cyberimpact.com/click-tracking?ct=1ALHHDC4AsjlCKmduEB4-lv6sp9VrwVantSRH1MiD2uIcukh8M4FOiadzoirIGMpO30MGMc01STgr865HykMM0U-091YzkqPFky0mJ1Sz1E~

[93] https://app.cyberimpact.com/click-tracking?ct=jHjltmGrE5zuHD81wTxjYdRWKnn2xyzEnTrmUxsGZBT1hNBpMdUV6VAYkIbmEPPOroNIL5wxx8837AFg4p80atOx9_8qcm9oSiaEFcVZuYg~

[94] https://app.cyberimpact.com/click-tracking?ct=l22bpwL3MqjZijkwLjc2hVmETi_0QCAGOrh1gJY1YBH5yj-EtqClk9SDSDU8IKn5J4X3ontUjyYUat8MBeQYaGg8xa4gT0gb7IuduY741HI~

[95] https://app.cyberimpact.com/click-tracking?ct=9mMFe0l96yAE7417WBvftLYEbXxJsulhjMXKoQucJ2sNq2tNuOvHbWD6HCPh8-65lMYJSGefzjkzDc0zvsIQWTkv7ArNqRQlz3j0OQ4SiRU~

[96] https://app.cyberimpact.com/click-tracking?ct=kXp8FhL-R5bPI8gnTU4F0Vva4FG9PDNsn0xfEM1GcCIQmofQUCKP8gPpEh5R7YT7Lhibo9-930hzmJQ7qSscalUV38hSLbikjJ3K2Rbpy4s~

[97] https://app.cyberimpact.com/click-tracking?ct=T0QPQAZD5Wb6Ugps9RdG9n3PF6hf5CHgpZqLusJwLHj7C8li1trNnEqqDXj55OoL0km2laREiZuF9bPU1ygJPuX-zWmrFonsZIoK3fT98as~

[98] https://app.cyberimpact.com/click-tracking?ct=rcIQq0HY6FfDcGJXitWv0XsT4CsrhCtjeg6k5aHYG_5w6CxFEwZR4tHXPMVogDsfvNAg22Gy3Upi-_KPfk-4CzfPGV44fCkFSgMLG-NHaJo~

[99] https://app.cyberimpact.com/click-tracking?ct=LlzOVOR14_mSUJooCcfjzE9bToBh0blBEb9sCRNroOVzrTelqUhBnLNkyO8Y_jQjnYbVUOBY0lAHrAfWRH9EvsG2VE4bjy_X5PRYARrBCdg~

[100] https://app.cyberimpact.com/click-tracking?ct=8LWHFu2rAMXu9CmzQzzFyXcmFgyUFBXMhz7sB0Ubp6mzkPZa86tK88g8_kg9M1XDdVdefb-PKu6EaOV3BizIBaepY8B59Rxe0VUWYmhIFeI~

[101] https://app.cyberimpact.com/click-tracking?ct=SiU7bTWjvpNQW_CRrr8-ZmnXovDfx6l1Hd48OA0yo_S1uV2sYbDNVS3MK778PcMnjvTJKtOo4aLAZnGvBruhzDVPMBsKmBnzdZlQv258CHY~

[102] https://app.cyberimpact.com/click-tracking?ct=erF5ol5TILDaJHXpk2YbV723OocufkujSkhmUtGx5uKXcabv2Gcr7e_G-lU090QDZjKvJVRJjtmOkknr-74dHjer2anqsY9WKAZZsyHhvuM~

[103] https://app.cyberimpact.com/click-tracking?ct=6PvFP8X-gE2tAU2EH2FEfrGcQV-BZQ3SOY-V_ISNM56qLx1m57uMWYamfqovRKPqhN-yiwyREx1EwA7c3TX4JFh3z8C2aYb8Z9jeLgNqEfo~

[104] https://www.nature.com/articles/s41422-020-0282-0

[105] https://www.ukcolumn.org/article/the-hydroxychloroquine-scandal

[106] https://www.youtube.com/watch?v=kZ_qNdeckJU

[107] https://drive.google.com/file/d/1-gsn_Ye2EYDDkV_79Ag1tgUqZLNCMSt-/view

[108] https://www.jstage.jst.go.jp/article/bst/14/1/14_2020.01047/_article

[109] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7135139/

[110] https://academic.oup.com/aje/article/doi/10.1093/aje/kwaa093/5847586

[111] https://www.mohfw.gov.in/pdf/AdvisoryontheuseofHydroxychloroquinasprophylaxisforSARSCoV2infection.pdf

[112] https://www.medrxiv.org/content/10.1101/2020.03.22.20040758v3

[113] https://www.sciencedirect.com/science/article/pii/S1477893920301319

[114] https://pubmed.ncbi.nlm.nih.gov/32418114/

[115] https:/abc7ny.com/coronavirus-treatment-long-island-news-nassaucounty/6093072/

[116] https://www.fda.gov/media/97321/download

[117] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/

[118] https://www.sciencedirect.com/science/article/pii/S0960076020302764

[119] https://www.sciencedirect.com/science/article/pii/S1567576920314946

[120] https://news.sky.com/story/coronavirus-sacrificing-the-elderly-care-homes-asked-to-take-covid-19-patients-11969661

[121] https://www.hsj.co.uk/acute-care/nhs-hospitals-have-four-times-more-empty-beds-than-normal/7027392.article

[122] https://www.dailymail.co.uk/news/article-8361785/Coronavirus-UK-Government-mothballs-FOUR-NHS-Nightingales.html

[123] https://www.thelondoneconomic.com/news/london-nhs-nightingale-hospital-mothballed-with-no-new-admissions-expected/04/05/

[124] https://www.birminghammail.co.uk/news/midlands-news/nhs-nightingale-hospital-birmingham-put-18200797

[125] https://www.theguardian.com/society/2020/apr/09/nhs-staff-forbidden-speaking-out-publicly-about-coronavirus

[126] https://www.gov.uk/government/publications/directors-of-public-health-in-england--2/directors-of-public-health-in-england

[127] https://www.gov.uk/government/publications/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response-membership/list-of-participants-of-sage-and-related-sub-groups

[128] https://www.itvplc.com/about/board-of-directors

[129] https://nypost.com/2020/08/08/nyc-councilman-credits-hydroxychloroquine-for-covid-19-recovery/

[130] https://youtu.be/goFeE-CgwAA

[131] https://youtu.be/-u3H3PvebBU

[132] https://youtu.be/wM7NLlWZD5I?t=873

[133] https://acu2020.org/international/

[134] https://www.bitchute.com/video/eES6vaOTSc0k/