

**A MONSTER COMES TO SEE ME**  
**CORRUPTION, THE PHARMACEUTICAL INDUSTRY AND THE**  
**COVID-19 CAPITALISM**

ALBERTO RIVEIRO SAMBADE  
Sociologist

For David Crowe, *in memoriam* (1956-2020)

"I am not accepting the things I cannot change,  
I am changing the things I cannot accept".  
Angela Davis

"In times of universal deceit,  
Telling the truth becomes a revolutionary act.  
George Orwell

"If we do not believe in freedom of expression  
of those we despise,  
we don't believe in it at all".  
Noam Chomsky

## **INTRODUCTION: FEAR IS THE MESSAGE**

Almost certainly, humanity is experiencing the most grotesque and absurd campaign of media terrorism and political propaganda in all of contemporary history. The hegemonic and dominant media, in the service of the all-powerful, multiparty and corrupt global pharmaceutical industry, have chosen, as in previous false pandemics (H1N5 avian flu, H1N1 swine flu), fear as a mechanism of social control for the umpteenth time (1). (1) Through the current fear campaign, the power elite is maximizing confusion and misinformation and minimizing safety and social protection. Like all crises, whether real or invented, the plutocracy makes it profitable for maximum economic and financial gain, while presenting it as an opportunity to restructure the international economic order in order to continue to concentrate more power and accumulate the world's wealth.

Fear is the most human emotion that appears as a natural reaction to a real or apparent threat or danger. When it is sustained and aggravated over time, by the uncertainty of risk, that emotional state leads to a state of shock or perturbation. If we extrapolate personal experience to the entire population in the context of a pandemic of a new, lethal and highly contagious virus, society enters a state of collective shock. Shock is a state of mental disturbance of disorientation and suspension of will, in which people do not think clearly and become manipulable. Neo-liberal capitalism is aware of this empirical fact and it will be credited in the following pages.

But what is really happening? Is the world really plagued by the pandemic of a new virus that is as contagious as media indoctrination and servile governments claim? Is it a pandemic or a "cassemia"? Why does the Sanchez administration, which fills its mouth with words such as solidarity and transparency, its cabinet nine months after declaring the state of alert for the global health emergency of Covid-19, still has not published the first scientific report to support the restrictive measures adopted throughout the pandemic? Does it have any legitimacy left to a government that cynically used lies as a way to relate to the citizenry when it claimed it was being advised by a "Committee of Wise Men and Experts"? (2) Why should people believe a hypocritical government about the need or relevance of a vaccine for the alleged new disease?

There are many defining and constituent elements of a real and effective social and democratic state based on the rule of law, but some of the most representative and fundamental are freedom of expression, the right to dissent and question, as well as scientific refutation and public debate. As will be explained below, the political management of this supposed pandemic also led to the fulfilment of one of the guiding principles of action of the Masters of Humanity: reducing democracy (3).

## **THE "BIG CON" OF THE COVID-19 PANDEMIC: BIG PHARMA, CORRUPTION AND THE CO-OPTATION OF SCIENCE**

Corruption and crime are two common denominators of the entire powerful global pharmaceutical industry, which does not hesitate to place its products on the market, to commit any kind of crime. In its long criminal history, fraud, concealment of information, obstruction of justice, purchase of healthcare professionals, manipulation of data on clinical trial results, threats, coercion and bribery are some of the crimes that shape its modus operandi in this strategic sector of the global economy, which obtains astronomical annual profits. It is the third sector of the world economy after the arms industry and drug trafficking (4). In short, its business behaviour is very similar to that of the mafia.

"The body of evidence is now too strong and the impact of corruption too great to be dismissed. In both rich and poor countries around the world, corruption ruins lives. (5). This extract from Transparency International's Global Corruption Report 2006 summarises the state of corruption on the planet in 2006 and the horrific damage it causes people.

Fourteen years after the publication of this report, which marked a turning point in the assessment and monitoring of corruption in the public health sector, it can be stated that far from reversing the situation, corruption and the corrupting power of the pharmaceutical sector have spread to all levels of public administration, medical science and centres of scientific production and clinical research. The whole system is corrupt.

It may give the impression, for example, that in Spain the promotion activities of the Big Pharma (the large transnational pharmaceutical corporations) are responsible and ethical, guided by scientific and informative rigour, and never promote the use of drugs for unproven and authorised indications. But this is not the case. It is just a mirage of pharmaceutical advertising. A false image projected and manufactured from the marketing departments of pharmaceutical companies. In fact, "Spain is a paradise for industry", (6) as Joan-Ramón Laporte, professor of Therapeutics and Clinical Pharmacology at the Autonomous University of Barcelona, states.

Scientific societies, committees that write clinical practice guides, scientific and academic research centres, university departments, faculties, universities, healthcare personnel, scientific publications and journals, directors of both public and private hospitals, ministers and civil servants, etc. No one is free from the influence of pharmaceutical companies. Their network of corruption is omnipresent and ubiquitous. And this alarming and immoral situation is the result of the lack of regulation of the relations between the industry and the medical organisations, the doctors and the political class, as well as the high susceptibility to the acceptance of bribes, where the practice of corruption ends up being "normalised".

## Pharmageddon

The existence of an intricate network of corruption typical of the mafia, which is why many specialists in this field speak of "**pharmafia**", is corroborated by such authoritative voices as some doctors and editors of scientific journals of international prestige, such as Jerome Kassirer and Marcia Angell of *The New England Journal of Medicine* or Dr. Richard Smith and former editor of the *British Medical Journal*, who has several books published on this serious problem entrenched in the field of science and medicine. Even the current editor-in-chief of the *British Medical Journal*, Fiona Godlee, has denounced the excessive corrupting influence of the sector that compromises scientific freedom and independence in clinical research, and the urgent need for greater transparency in the framework of these unacceptable interconnections and reliable scientific evidence (7).

A very illustrative example of the extent of corruption and fraud by the major pharmaceutical companies is undoubtedly the champion of the race against time to obtain the panacea for Covid-19 disease: Pfizer and its vaccine. The pharmacist, because of its criminal record and commission of crimes, could be considered as "*Il capo di mafia*" of bribery for the prescription of medicines up to 8 times more expensive than those available on the American market. It is responsible for crimes that cost thousands of patients their lives by marketing drugs for unproven indications of multiple diseases. The crime is known as illegal promotion of a pharmaceutical product. It is committed when the advertisement does not correspond to the drug approved by the regulatory agency (FDA, Food and Drug Administration) for the indicated use. This pharmaceutical company is the corporation that entered into the largest judicial settlement for health fraud with the U.S. Department of Justice. The total value of the agreement is 2.3 billion dollars (8).

Following this case, Pfizer signed a Corporate Integrity Agreement with the U.S. Department of Health and Human Services, committing to act appropriately over the next five years. Pfizer had already signed three other similar agreements, so while agreeing not to promote illegal drugs to federal prosecutors, the pharmacist was already in the middle of breaking its promises.

I think it is not necessary to extend this chapter to get an idea of the level of "shit" (as a synonym for lie) that exists, as the ethical philosopher Harry Frankfurt, *On Bullshit*, believes in our culture of unsustainable capitalist hyper-consumerism defined by corporate marketing, and specialised in creating a fictitious demand and satisfying unreal needs generated by the commercial strategy of seduction and the stimulation of desire, following the theory of Zygmunt Bauman and David Lyon in *Liquid Surveillance* (p.140).

Dr. Michael Yeadon himself, former vice president of Pfizer, went so far as to assert the manifesto similarity between the mafia and the pharmaceutical industry:

"It is frightening to think of the many similarities between the industry and the mafia. The mafia makes obscene amounts of money, just as the industry does. The side effects of organised crime are murder and death, and the side effects caused by this industry are the same. The mafia pays bribes to politicians and others, and so does the pharmaceutical industry" (9).

I mention only the case of the pharmaceutical company Pfizer, but this mafia-like behaviour is also extended to other large multinational corporations in the sector by turnover, such as "the biggest dealer in the industry" Hoffman-La Roche (Roche), as it is called by the Danish professor and doctor Peter C. Gøtzsche, Moderna, GlaxoSmithKline, AstraZeneca, Johnson&Johnson, Merck, Eli Lilly or Abbott.

### **Omertá of the "Hippocratic Hypocrites" and internationally renowned scientific journals**

But how can the silence of the medical community be justified in the face of this absurd and surreal situation resulting from the orchestrated political propaganda and fear campaign necessary to make the SARS-CoV-2 pandemic credible? How is it possible that the coronavirus, a group of viruses (7-15% of viruses) that are studied in medical schools (10) and which are presented every winter as the cause of pneumonia during the seasonal flu epidemic, is represented as the monster of the Apocalypse? How was the coronavirus transformed into the vector causing a new disease called Covid-19 without scientific basis, since the virus was not "isolated" and "purified" according to the theory of Koch's 4 postulates? (11).

The basic argument to explain this absolute silence in the face of this madness imposed "manu militari" by the world's governments has already been set out above. Money, profits, better paid jobs and great reputations end up becoming the most powerful factors of corruption in the world, as Dr. Richard Smith, former editor of the *British Medical Journal*, comments (12). The industry bribes and buys from the media, opinion leaders and doctors/primary or specialist care. The application of transparency laws shows that an increasing proportion of doctors are in debt to Big Pharma, and that many are paid astronomical salaries as consultants or lecturers promoting their drugs. (Ibidem).

The industry also ends up corrupting scientific independence and freedom, and this is also seen in the internationally prestigious scientific journals, which increasingly, in the face of the lack of public funding, the big pharma companies, through multi-million dollar contracts, finance clinical trials of drugs and vaccines and financially support these publications. This situation is also corroborated by the editor-in-chief of *The Lancet's* scientific and medical journal, Richard Horton:

***"If this continues, we will not be able to publish more information, because companies are so financially powerful today, and are able to use such methodologies as making us accept papers that are apparently and methodologically perfect, but which, in reality, manage to conclude what they want to conclude"*** (13).

And the renowned French doctor Philippe Douste-Blazy comments on Horton's words at a meeting of experts on the coronavirus as follows:

***"I never thought that the head of The Lancet could have said those words. Even the head of the New England Journal of Medicine. He said it was criminal. The word that was used by them"*** (Ibidem).

And Dr. Douste-Blazy finishes off:

***"When there is an outbreak like Covid, there are actually people like us doctors who see the mortality and suffer. And there are people who see dollars".***

For these scientific and medical publications, easy money seems to be more important than scientific integrity. Ultimately, as the head of *The Lancet*, Richard Norton, puts it:

***"Medical journals become mere information-laundering operations for the pharmaceutical industry"*** (14). An extension of Big Pharma's marketing departments.

## **"BILL GATES AND THE PHILOSOPHER'S STONE": STRATEGIC ALLIANCES, CONFLICTS OF INTEREST AND GLOBAL MULTI-STAKEHOLDER CAPITALISM**

"The existence of COVID-19 anywhere poses a threat to communities around the world. Health, social and economic impacts can only be addressed through collective action by stakeholders from the private, public and philanthropic sectors in partnership with civil society. As organizations dedicated to improving and protecting global health, with our varied skills, roles and resources, we remain committed to doing our part to end this pandemic worldwide. Earlier this year, AstraZeneca; Bayer; bioMérieux; Boehringer Ingelheim; Bristol Myers Squibb; Eisai; Eli Lilly; Gilead; GSK; Johnson & Johnson; Merck & Con el. (known as MSD outside the United States and Canada); Merck KGaA, Darmstadt, Germany; Novartis; Pfizer; Roche; and Sanofi, along with the Bill & Melinda Gates Foundation, committed to fighting the Covid-19" (15).

This is the manifesto signed by Big Pharma Global and the Bill & Melinda Gates Foundation to fight this supposed new disease, called Covid-19. This is a cynical declaration of intent in accordance with the above explanation. But the summum of hypocrisy is the euphemistic title of the manifesto: "Life science companies and the Bill & Melinda Gates Foundation. Commitments to expanded Global Access for COVID-19 Diagnostics, Therapeutics and Vaccines" and the Bill & Melinda Gates Foundation. Commitments to expanded Global Access for COVID-19 Diagnostics, Therapeutics and Vaccines.) Pharmaceuticals are now "life science" corporations, like biology.

This is the first time in the more than 100-year history of the global pharmaceutical industry that so many companies in the sector have strategically joined together to fight and battle a disease. What neither cardiovascular diseases, nor cancer, nor respiratory diseases resulting from smoking (a human epidemic), the three main causes of death in Europe and the USA, could do, has been achieved by a "new, lethal and highly contagious virus". The necessary antiviral treatments, diagnostic tests (antigen tests and RT-PCR and PCR), and the "final solution": the vaccine, were obtained in record time.

But this information is incomplete and inaccurate. As Professor Peter C. Gøtzsche points out:

*"Unfortunately, our society is the victim of two epidemics created by ourselves: smoking and prescription drugs, both of which are extremely deadly. In the US and Europe, medicines are the third cause of death, after heart disease and cancer" (16).*

And the reason for this is clear: the system is completely corrupt. Today, these causes of death, in the light of official mortality statistics, are beating Covid-19 in the race to the bottom. The propaganda media are once again promoting sensationalist alarmism and censoring scientific information.

If the objective had really been to improve public health, instead of investing so much money in expensive cholesterol-lowering drugs, some billions in effective campaigns to reduce smoking, increase physical activity and improve nutrition, following the Hippocratic doctrine on which clinical medicine is based. This proposal would not be a conflict of economic interest, but would conflict with the economic interests of the pharmaceutical industry.

### **Cui bono?**

But who does this strategic alliance really benefit? Since when does the pharmaceutical industry put the general interest and public health before its economic and speculative profits? (17).

Is this new global health emergency not the umpteenth invented epidemic of the global medical-pharmaceutical industrial complex organised since the privatised WHO, for the sake of multi-million dollar profits at the expense, once again, of the health, life and economy of those on the bottom? (18).

### **PCR test: the millionaire technique for amplifying fear**

Dr. and Professor Kary Mullis was the creator of the PCR (Polymerase Chain Reaction) test, for which he was awarded the Nobel Prize in Chemistry in 1993. The American researcher has stated on more than one occasion that this technique does not identify any specific virus. All it detects is some of the DNA or RNA of an unknown virus. And similarly, until shortly before his death in August 2019, he warned ad nauseam that the PCR amplification technique was being used incorrectly as a means of diagnosis by most of the scientific, medical and research community (19). This scientific explanation of the PCR test is also contained in his work *Dancing naked in the mind field* (1993) and his experience as a molecular researcher at Cetus Corporation, a Berkeley biotechnology company where he created PCR, in his 1993 Nobel Prize speech (20).

I believe that he leaves no room for doubt or possible scientific debate:

***"The PCR does not say whether you are sick or not"*** (Mullis, K. 1993. Ibidem).



So, if it does not identify any virus, let alone be used as a diagnostic test, what are the health authorities using it for? It has only one logical explanation: to produce the biggest global fear and media scaremongering campaign in history. In the context of this pandemic of social panic and collective hysteria unleashed by such a lethal invisible enemy, governments all over the world are ensuring the blind and thoughtless obedience of all mankind, (21) while the *Masters of Humanity* continue to do the big business of the century by developing their secret economic agenda.

But at what point is it decided that the RCP, an inappropriate and non-specific test, will become the "*Gold Standard*" of governments to make political decisions to cut back on human rights and economic measures as severe and draconian as closures of economies, borders or non-essential economic sectors?

### **Berlin-Wuhan connection**

After the WHO itself had recommended its use (not as a medical diagnostic test), the head of the virology department at the Berlin Charité centre, funded by the Bill and Melinda Gates Foundation, Dr. Drosten, reported in an interview on German public radio that a Chinese institution, whose name he did not provide, confirmed to the virologist who advised Angela Merkel's administration during this coronavirus pandemic that the virus identified in the specific PCR created by Drosten and a team of researchers at the centre he heads, was the same one sought in Wuhan.

One of the co-authors of the PCR is the CEO of TIB-MOLBIOL, a strategic partner in the market of the Swiss pharmaceutical company ROCHE, for which it produces LightMix Modular SARS-CoV-2 (PCR) that is earning billions of euros with the massive sale of this test and the shares in the World's parks. A clear case of conflict of interest that nobody has denounced. This product was launched on 24 January (22). The WHO decrees the pandemic on 11 March. Something smells rotten in this pandemic and the bad smell comes from the pharmaceutical industry.

### **Mask: PID that seriously damages health**

More and more authoritative medical and scientific voices are criticising the mass and indiscriminate use of masks. Even the WHO itself, during the supposed first and second wave of the pandemic, did not recommend making it compulsory in public spaces, provided that interpersonal distance could be guaranteed and common sense measures were adopted: avoiding crowds, washing hands relatively frequently (not falling into obsessive-compulsive disorder) and coughing or sneezing properly, i.e. with education. Until a month ago, no EU country made it compulsory to wear a mask in the street or in public spaces in general.

But what does Spanish legislation say about the obligatory use of masks?

Its use is regulated by Ministerial Order SND/422/2020 of 19 May (23)

What the vast majority people are unaware of, because they blindly trusted the word of President Pedro Sanchez at the time, is that anyone could be exempted from wearing the mask, according to this rule. Let's review articles 2 and 3:

## Article 2. Liable persons

1. The use of masks in the spaces indicated in article 3 is obligatory for persons aged six years and over.

2. The duty contained in the previous paragraph shall not be required in the following cases:

A) Persons who present some type of respiratory difficulty that may be aggravated by the use of a mask.

B) Persons in whom the use of a mask is contraindicated for duly justified health reasons, or because due to their situation of disability or dependence they present behavioural alterations that make its use unviable.

C) Development of activities in which, due to their very nature, the use of a mask is incompatible.

D) Cause of force majeure or situation of need.

## Article 3. Spaces in which the use of the mask is obligatory

The use of the mask shall be compulsory on the public highway, in open spaces and in any closed space for public use or which is open to the public, provided that it is not possible to maintain an interpersonal safety distance of at least two metres.

Therefore, dependent people and children under 6 years of age, people with respiratory diseases or other types of ailments that cause some type of behavioural alteration, people with breathing difficulties (COPD, asthma, etc.) or due to the type of activity they carry out, as well as due to force majeure or necessity (practical and real situation: with the mask I do not breathe properly and I need to take it off to breathe).

However, I don't think you need to be a doctor, biologist, neurologist or physiologist to know, applying the common sense that has been lost during this pandemic, that the re-breathing of exhaled CO<sub>2</sub>, blocked by the physical barrier of the mask, causes more harm than good. In conclusion, the principle of Hippocratic ethics that governs clinical medicine is reversed: *primun non nocere* (first do no harm). The organism needs oxygen to live. Deprivation of this vital element has a toxic effect, produces irreversible neurodegenerative damage to our cognitive system, and can also cause death.

The prestigious neurophysiologist Margareta Griesz-Brisson, was one of many voices censored by the propaganda media that criticized head-on the unnecessary use of the mask, which she considers to be "a crime against humanity and an abuse of children".

"To deprive a child or an adolescent's brain from oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal. Oxygen deficiency inhibits the development of the brain? (24) "To deprive a child or an adolescent's brain of oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal.

## **Nullius in verba**

In 1660 the Royal Society was founded in London, which was a turning point in the development of Western medicine. A group of scientists decided that this area of knowledge should be based on experimental proof, and not on speculative fantasy, quackery, superstition or blind faith. Society agreed to call this basic principle of scientific research *nullius in verba*, nothing in words, i.e. don't just trust what someone says. Evidence that proves and supports the theory being stated is necessary in medicine and in science in general.

Science is based on evidence. In the empirical evidence that can be refuted and verified. There is no such thing as dogma. And what do science and medicine have to say about the use of the mask today?

One of the most prestigious scientific and medical research journals is undoubtedly the *Cochrane Collaboration* in Denmark, as well as the clinical and scientific research centre, the *Nordic Cochrane Center*.

Last April, it published a review of the measures used during the 2003 SARS-CoV-1 epidemic that affected several Southeast Asian countries (face shield, mask and interpersonal distancing) and came to the same categorical conclusion:

***"Overall, the results of the rest of the non-randomised study reinforced these findings, even showing significant differences between wearing or not wearing masks. With these data, the review authors concluded that mask use may have a very small effect on reducing community transmission of respiratory viruses and, in addition, that poor compliance with these measures does not support the widespread use of masks"*** (25).

Professor Peter C. Gøtzsche, from the *Institute of Scientific Freedom* in Copenhagen, in his emblematic literary line of evidence-based scientific fury, published a documented article in October appealing to civil disobedience and individual responsibility in terms of protecting one's health, when health authorities and governments do not protect us and there is a deliberate concealment of data from scientific research related to the use of the mask: *"Stop the corona hysteria and throw away the masks"* (26).

## **"CRIME AND PUNISHMENT": NURSING HOMES, HUMAN RIGHTS VIOLATIONS AND CRIMES AGAINST HUMANITY**

A hospital built in record time and against the clock in Wuhan, dozens of people collapsing hospital emergency services, hundreds of elderly people dropping like flies every day in the nursing homes in Madrid, Catalonia,... Images of terror in northern Italy, thousands of cases in London, the hospital ship USNS Comfort entering Hudson Bay in New York as a health reinforcement, construction of huge mass graves in Manhattan, ICU's collapsed, health personnel overflowing, etc., are some of the snapshots that symbolized the terror of the Covid-19 after the WHO declared the pandemic on March 11, 2020. These images are engraved on the retina and now form part of the visual archive of the collective memory of the whole world. This is undoubtedly the sensationalist disinformative x-ray without scientific diagnosis. That is why the duty of every intellectual or investigative journalist is to tell the truth and expose the lies. To tell what is really happening.

After a long and deep investigation (from Latin, in-vestigium, to go after the vestige, the truth) I ended up concluding that most of the deaths in the World supposedly caused by Covid-19, could not be attributed to a monocausal theory, that is, to give credibility to the simplistic scheme of CORONAVIRUS=COVID-19. The context of unjustified fear, political and media propaganda, the use of highly toxic and deadly drugs for unproven indications such as chloroquine or hydroxychloroquine,

Antiviral treatment indicated for malaria, corticosteroids, *Remdesivir* (Gilead Sciences' star antiviral at an excessively expensive price) for the therapy of people supposedly ill with the new disease, medical malpractice in hospitals and the total abandonment of old people's homes, are some of the factors that may explain what really happened during the first and most deadly pandemic wave.

The renowned biologist and mathematician David Crowe, in his article on the shortcomings of the coronavirus pandemic theory, is very clear and forceful:

***"Doctors facing what they believe to be a deadly virus are treating for the future, for the anticipated symptoms, not for what they see today. This leads to the use of invasive oxygenation, high doses of corticosteroids, antiviral drugs and more. In this case, some populations of those diagnosed (for example, in China) are older and sicker than the general population and much less able to withstand aggressive treatment. After the SARS panic subsided, doctors reviewed the evidence, which showed that these treatments were often ineffective, and all had serious side effects, such as persistent neurological deficits, joint replacement, scarring, pain and liver disease. As well as increased mortality" (27).***

The studies in scientific journals are only propaganda if we apply the indispensable theory of Koch's 4 postulates to corroborate the coronavirus-Covid-19 correlation.

Koch's postulates, first stated by the German bacteriologist Robert Koch in the late 1800s, can be simply stated as

1) Purify the pathogen (e.g. the virus) from many cases with a particular disease. 2) Expose susceptible animals (obviously not humans) to the pathogen. 3) Verify that the same disease occurs. 4) Re-purify the pathogen, just to be sure that it is actually creating the disease.

Therefore, it cannot be said that the coronavirus is causing this supposed pandemic.

***"If you combine old age, pre-existing health conditions, pneumonia, invasive ventilation and highly toxic drugs, you have a prescription for another iatrogenic disaster,"*** says Dr David Crowe.

## **Winter is coming**

The worst months of the winter flu epidemic are yet to come. The highest peaks, i.e. the highest number of expected deaths from influenza or pneumonia, occur in the months of January and February (specifically week 4 to 8 of the flu epidemic campaign) when there is the least ultraviolet radiation and the lowest ambient temperature, and therefore the peak time for all viruses to emerge. I only wish, from reflection and the tragic recent history, that the classic principle is not incurred:

***Errare humanum est. Sed perseverare diabolicum*** (To be wrong is human. But to persist is diabolic).

Some experiments conducted in the United States in 1918, during the so-called Spanish flu pandemic, which claimed the lives of nearly 600,000 people in this country, reached conclusions with a surprising scientific parallelism with the arguments put forward and, furthermore, dismantled the monocausal theory of the virus, bearing in mind that medical science, 100 years after Robert Koch's theory of postulates, was still not applied during the worst pandemic in the history of mankind. The H1N1 flu virus was not purified at that time.

These facts are recorded by science journalist Gina Kolata in her book *Influenza* (28).

The first was to recruit 62 healthy sailors who were in prison for various crimes committed in Boston in November 1918. They promised him a pardon on condition that he take part in an experiment. Thirty-nine of them had not had the flu, so they would potentially be more susceptible to infection and illness.

The military doctors collected mucus from the sick soldiers from their noses and throats and later put it directly into the nose and throat of some of them and into the eyes of another group. Another group of 10 volunteers had to stand over sick people who were bedridden and dying from the flu, and for five minutes they breathed the foul air exhaled by the 10 sick patients. One of them coughed five times into the face of one of the volunteers. All the volunteers repeated these actions with 10 different flu patients.

Surprisingly, none of the healthy men fell ill! (Ibidem).

Another comparable experiment, carried out under much stricter conditions, took place in San Francisco with 50 sailors who were in prison. But once again, the results were similar to those of the Boston experiment. The scientists were astounded by the scientific evidence.

If those healthy volunteers did not become infected with the flu virus despite the titanic efforts of doctors to make them sick, then what was causing the illness? How exactly were they becoming infected with the virus? What were they dying from? The answer? Highly toxic overmedication and mass vaccination campaigns with lethal components. The fledgling global pharmaceutical industry is once again appearing as the alleged killer at the scene. In particular, the company that invented Aspirin®, the most important and influential pharmaceutical company at the end of the 19th and beginning of the 20th century. At that time, the industry was not subject to drug regulation. For example, Bayer sold heroin as a non-addictive substitute for morphine, and marketed it as a cough remedy, and presented it in various formats: syrup in pretty vials, powders, liquid and soaked tampons for gynaecological treatments (Ibidem).

Let us be careful and learn the censored lessons of history.

The human rights organisation Amnesty International has denounced that the rights of older people were systematically violated during the first wave of the pandemic and is calling on the government for transparency and compliance with human rights in order not to repeat the disaster of the first months of the pandemic, as they believe it could happen again. The pandemic cannot be used as a pretext to deny the rights of the elderly. In particular, five fundamental rights. This is stated in the report by the director of AI Spain, Esteban Beltrán:

***"The right to health, life and non-discrimination of the elderly was violated in the residences. Furthermore, the decisions of the authorities also impacted on the right to personal and family life and the right to a dignified death"*** (29).

I suggest reading the full research report of AI Spain: "***Abandoned to their fate***" (30). 70% of those who died were over 80 years of age, had previous pathologies and were confined to retirement homes. As stated above, in most of the residences (if not all), the right to health care was denied. In addition, the Ministry of Justice and the Ministry of Health provided guidelines, which led to the Dantean disaster experienced in these residential and gerontological facilities.

It is not enough to deny the fundamental rights of the elderly, the procedure for issuing death certificates, the assignment of the mortis causa is absolutely arbitrary and goes against the ethical principles of clinical medicine, since the probable infection of the coronavirus and initial or fundamental cause of death is attributed to the Covid-19, including the label of NOT CONFIRMED OR SUSPECTED OF INFECTION BY CORONAVIRUS. As it is known, coronavirus presents a symptomatological picture similar to other types of respiratory infection, such as influenza (A, B, C) or pneumonia. However, without medical diagnosis, purification of the virus and without subsequent clinical or forensic autopsies (only in the case of violent death, as stated in the CGCOM document) (31), it cannot be known that these people died. And these deaths, which are not rigorously and honestly certified, are what are swelling the figures for the Covid-19 mortality rate and causing this statistical hyperinflation. And at the same time, it serves as a mechanism for spreading fear of the government.

According to this point, it is also necessary to clarify the mortality and lethality rates for the supposed Covid-19 disease, due to the maximization of media noise and magnification of fear with such uninformative, and indeed sensationalist, statistical categories as the so-called cumulative case rate. This issue should also make us reflect that by treating cases and not deaths, society would be facing a "cassaemia" rather than a pandemic. Let us put the figures, which are indicative, into perspective. For this exercise, we will use the figures published and updated in the 59th report of the National Centre for Epidemiology of the National Institute of Health, Carlos III University, dated December 29, 2020.

**The mortality rate per Covid-19 is 0.044%. In proportional terms, 44 people died of course Covid-19 per 100,000 inhabitants in 2020.** And with a fatality rate of 1.26. (32). (32) In comparative terms, on average some 60,000 people die from smoking in Spain each year. The death rate from this "human epidemic" is 0.12 percent. That is, 120 people die for every 100,000 inhabitants. 2 times more than Covid-19. However, this figure is not very well publicised by the propaganda media. However, this figure is not very well publicised by the media. It is more worrying in terms of public health expenditure (it would mean millions of euros in savings for all taxpayers) and public health for the Spanish state as for the rest of the liberal democracies in the world, and is not worth paying attention to. Every year, on average, 8 million people in the world die from this epidemic created by ourselves.

As for the 2019-2020 flu epidemic, it was very similar to that of 2009, regardless of the H1N1 swine flu pandemic.

Conclusions of the Influenza Epidemiological Surveillance Network:

*"It occurred with a moderate level of transmissibility at the peak of the 2019-20 epidemic, for all ages, and for the 15-64 year age group, with high transmissibility in those under 15 years of age. The impact of the 2019-20 influenza epidemic was moderate considering the rates of hospitalization and excess mortality from all causes. In both cases, it was lower than in the previous two seasons, and mainly at the expense of the effect of influenza on those over 64 years of age"* (33).

However, the figures do not speak and silence thousands of horrific personal stories. Let us imagine being an elderly person with pathologies and little mobility or dependent in a retirement home, where the economic management of the new management, in the hands of a French or American investment fund, puts business before the provision of a quality social service that results in comprehensive care and attention to live their old age with a minimum quality of life to which they are entitled.

Precarious service, unhealthy and unbalanced food, with a failure to comply with the ratios of care staff according to the type of residential equipment, etc. In most cases, they live this last part of their lives alone and without the much needed family involvement, using the residence as a "car park" for their elderly. And suddenly, the arrival of a new, lethal and highly contagious virus is announced. The nursing home staff, in this campaign of fear, do not know what to do. There is no guidance, it is all confusion. The elders are not informed of anything. There are no official protocols for action. Older people in the homes are sick more often with the flu, and many of them die from it every year. But it turns out that this new disease, called Covid-19, presents with the same symptoms as the flu. Older people who are sick or have symptoms and without the necessary care are being quarantined. Everything is chaos in the midst of panic. And the old person does not know what is happening. He is denied health care and the new field clinical medicine, practiced over the phone, in the face of the terrible scenario of supposedly serious cases, but without being assessed and diagnosed, he only provides morphine to pay the obolo to the boatman Caronte.

Many homes in this country, during the damned first wave of the pandemic and the peak of the media terror campaign, became "morbid".

I now give the floor to a doctor who tells her personal account of the madness and medical malpractice induced by the prevailing chaos and fear, of which she was obviously also a victim:

"With which you often had to solve things over the phone and that if you could, you would have seen the patient, and in the end you went home with a horrible feeling. Just like the cases of agony. They would tell you 'this person is dying' and in the end you believed it and said, 'give him morphine'. And I would fax them the guideline. And I thought, 'but I didn't see this person'. Of course, I had to trust that nurse, because she is a professional and we have to trust her. But I didn't want to work like that. In the end, it was organized in a way that made you do that" (34).

This was the tragic dynamic underlying most of the nursing homes during the first state of alarm of the pandemic, taking into account all the elements involved, i.e. the number of people who were given undignified death in the nursing homes, those who were left to die, or others, the fewest, who ended up in the hospital ICUs, where they received unproven, highly toxic and lethal treatments, or were subjected to invasive mechanical ventilation, the technique of which can end the lives of patients, either through oral intubation or tracheostomy, or through supervening pneumonia resulting from the ventilation operation, as David Crowe comments in his article. This Dantesque reality is called genocide. And the crimes perpetrated, driven by the context of unjustified fear, are crimes against humanity.

With respect to this factor of death unrelated to the coronavirus, on 24 February *The Lancet* published a revealing article on the often avoidable outcome of this invasive mechanical ventilation (intubation) technique, in which they corroborate this fact with a horrific collective outcome in Wuhan. The study has some shocking figures: "**only 3 out of 22 patients survived**" (13.6%).

And similarly in New York (36), "**a group of doctors reported at the beginning of April that 80% or even more patients with an alleged case of coronavirus connected to ventilators died**".

400 years ago, Miguel de Cervantes, through the realist character of Sancho, stated that there are two models of lineage in the world: "having and not having". The lineage of the haves represents privilege, authoritarianism, abuse and lack of solidarity, which are the ones who lead the nefarious and arbitrary response to the supposed SARS-CoV-2 disease, ignoring the suffering of the majorities represented by the have-nots.

I believe that it is a question of social justice to attend to the sector of the population that is most vulnerable and affected by the pandemic and to incorporate it into the centre of the government's protection policy, given that public health, as a legal good, must be clinical, scientific, democratic, ethical and with a human face.

### **The Barrington spirit: justice, truth and focused protection**

Dr Reiner Fuellmich is the lawyer of a prestigious German law firm, known worldwide for the Volkswagen Dieselgate case, and will bring a collective action against those responsible, at all levels and in all areas on a global scale, for this false pandemic of genocide and crimes against humanity (37). The initiative can be found on the official website [www.acu2020.org](http://www.acu2020.org).

In Spain over 3,000 complaints have already been filed against the central government asking for clarification of the facts and responsibilities for the deaths of their loved ones. In the first state of alarm, the government did not contemplate in the Order SND/275/2020 in relation to the conditions of the residential centres and information to the competent delegated authorities, the reinforcement and vigilance of the same, knowing that annually in the residences for elderly people there are produced, together with the hospitals, the epidemic outbreaks of flu and where more elderly people die for this ailment. Once again, the government "*abandoned them to their fate*" (38).

However, in October a group of US epidemiologists, scientists and medical specialists signed the *Declaration of Great Barrington*, in which they consider the impact on physical and mental health that the policy of coercive and containment measures is having. In contrast, they advocate a protection approach focused on the most vulnerable sector of the population, and the rest of society that is healthy, to let them live normally. (39). I think this would be an urgent, necessary and socially just political and clinical approach.



## **"APOCALYPSE NOW": CONFLICTS OF INTEREST, PANDEMIC CORRUPTION AND UNSAFE AND INEFFECTIVE VACCINES**

***"Scientists are doing terrible damage to the world under the guise of helping it. I don't mind attacking my own guild. I am ashamed of him" (40).***

These words are from Kary Mullis, the inventor of the PCR, who was disappointed by the panorama of ethical collapse and corruption that the medical-pharmaceutical industrial complex has pushed science into.

He even tells in an article, included in his magnificent work *Dancing naked in the mind field*, entitled *"The Medical Establishment vs The Truth"*, how he became disenchanted with medicine and science in general after being awarded the Nobel Prize for Chemistry in 1993.

But above all, when he dismantled the monocausal theory that HIV caused AIDS, exposing the scientific impossibility of the false discoveries of two Nobel Prize winners such as Luc Montagnier and Robert Gallo. Without purification of the virus, following Koch's theory, how can the scientific and medical community be sure that HIV causes AIDS, and can't there be other local or environmental factors that encourage the disease? The reasons have already been explained in these pages, but we can remember that many times the corrupt and corrupting pharmaceutical industry, bribes and hires important opinion leaders to sell lies about medicines in conferences abroad to other colleagues in the guild, to continue selling lies about medicines. Kary did not agree, because as he well recognizes, before his reputation or better remuneration, was his commitment to truth and evidence-based science. On several occasions, GSK Pharmaceuticals invited him to give talks and lectures in Europe, given his leadership as a doctor and inventor of PCR technology. He declined them, but even so, he has received cashier's cheques for amounts in excess of \$6000 for doing nothing. A very high amount for a doctor of the 80s. They could never buy it. However, his extraordinary reputation was defamed and destroyed by the medical establishment, as was his professional career (41).

### **Something smells rotten in Denmark**

The recent history of the impending Danish doctor and professor Peter C. Gøtzsche, co-founder of one of the world's leading centres of scientific and medical production, the *Nordic Cochrane Center*, and founder of the scientific journal *Cochrane Collaboration* in 1993, is very similar to that of Dr. Kary Mullis. His commitment to scientific and academic freedom cost him his seat on the journal's board in 2018, as well as the subsequent dismissal as chief physician at *Rigshospitalet* (Denmark's National Hospital), executed by the Minister of Health, Ellen Trane Nørby. The new CEO of the Cochrane Collaboration, journalist Mark Wilson, using the organisation's "spokesperson policy" and his de facto control power on the board, decided to put Professor Gøtzsche's dismissal to a vote. Peter's honest and critical stance from a prestigious Cochrane review on the human papillomavirus (HPV) vaccine and psychiatric drugs was the underlying reason for his dismissal. Scientific censorship was installed in the Cochrane Collaboration. The guiding ethical principles of the publication gave way to corruption. It implied the moral collapse within one of the most important scientific and medical references (42).

Even the renowned American professor and doctor John Ioannidis, epidemiologist and biostatistician at Stanford University, creator of meta-analysis (analysis of analysis), and the most widely quoted scientist in the world (more than 3,000 times a month) is not spared the fury of defamation and stigmatisation by the propaganda media unleashed and aligned with Big Pharma and the privatised, industry-controlled medical pseudoscience. An article of his (43) requesting truthful, contrasting and rigorous information, led to his media lynching by paid opinion formers who systematically violated the Perugia Declaration and the ethical and deontological principles of the journalistic profession. He himself, John Ioannidis, who came to Peter Gøtzsche's defence when he was unfairly dismissed by the Danish health minister in 2018, sent her a letter asking her to keep Dr Gøtzsche in his job, and considered it a question of democracy, freedom of thought and justice (44).

The common denominator of all these dissident voices and defenders of scientific freedom is that the system that blocks the science they practice based on evidence and the principle of nullius in verba is committed to a permanent conflict of economic and financial interests. Today scientific research is financed by the pharmaceutical industry, as are clinical trials of drugs and vaccines, and the results of the studies they expect are not those that are rigorous, honest and honest, but those that suit and accommodate the interests of the funding corporation. And if they do not fit or are not interested, other studies of lower quality are commissioned, from ghostwriters, that fit the type of result they want (45). Benefits before people, public health and life. End of story.

### **The Covid-19 "miracle" vaccine: panacea or added problem? The vaccine as a "final solution"**

Announced as a blockbuster by the propaganda media, and as the miracle vaccine that will put an end to the "bug" by the scientific journals financed by Big Pharma, the pharmaceutical race against time to obtain the vaccine to end the pandemic ended with that achieved by the American "Il capo di mafia", the pharmaceutical company Pfizer. One of seven vaccine projects that the Bill & Melinda Gates Foundation and Gavi (Vaccine Alliance) launched at the beginning of the pandemic.

But before welcoming the arrival of Pfizer's vaccine, and now also that of the Modern Laboratory and AstraZeneca/Oxford, the adult and mature society, eager for critical, independent, truthful and transparent information, should ask itself a series of questions before making an informed decision, in short, before giving its consent to the injectable.

But what is really a pandemic? How is it declared? What is a vaccine? How is a vaccine developed today? Are there guarantees that it is a reliable, safe and effective vaccine? What are the results of clinical trials on side effects? Who should manage and monitor these clinical trials? Should the vaccine be mandatory? Who finances the clinical trials? Will it be an asset for humanity or the business of the century of the global pharmaceutical industry? (46).

To a large extent, some of these questions have already been answered, but we will answer all the questions below in more detail.

The WHO redefines the term pandemic, in a non-specific way, on 24 February 2010. The previous definition, also unclear, but emphasizing the severity of the disease and the mortality caused, was changed in April 2009, two months before the false pandemic of influenza A H1N1 was declared.

The mortality rate per 100,000 population was the criterion for its official declaration.

This is now being dropped. This is the official definition:

***"The global spread of a new disease is called a pandemic"*** (47). The number of deaths does not matter. Whether they are 5 or 500,000 deaths. What matters is the distribution and geographical spread. An absurd criterion that lacks epidemiological rigour (47).

The first vaccine was discovered by the English physician Edward Jenner in 1798. He discovered that by using the cowpox virus in humans, the latter were immunized against the disease. For this reason the term vaccine comes from the Latin *vaccinus*, which is related to cows, *vacca* (cow).

Vaccine is a preparation based on microorganisms (dead, attenuated or live) such as bacteria, fungi, parasites or viruses, and is administered to the person to prevent, attenuate or treat the infected diseases (48). Immunization through vaccination has led to the eradication of diseases such as smallpox.

*"However, although it is true that the number of deaths from AIDS or malaria continues to be very high, this is not because we do not know how to combat them but rather because of the existing economic inequalities and the excessive cost of drugs to cure fatal diseases in developing countries"*, as Professor Peter Gøtzsche points out.

But what confidence can mankind have in a vaccine obtained in record time, when it is now known that it takes an average of 10-12 years to achieve a good vaccine? The answer is none. Especially if we consider that most clinical trials are fraudulent or practically invented. The irrefutable indicator that testifies to this practice of fraud and corruption is when the independent media or scientific and medical research centres formally request information from pharmaceutical companies about scientific research studies and about the licensing agreements obtained for the marketing of vaccines or medicines in general, and no response is obtained. Institutional silence is the rule. *Omertá!* Regardless of what the pharmaceutical industry does and the statements about its noble intentions based on press releases, it all boils down to one goal: to sell its products. And this is achieved by means of this iron-fisted control of information and the blocking of access to it by the public. The lack of transparency is the welcome letter when you knock on the door of these mafia corporations asking for the information that society has a right to know.

Clinical trials of pharmaceuticals can seldom be considered clinical research in the strict sense of the word. They often have design deficiencies and additional errors are made during data analysis, to which must be added the bias in the results, which make them misleading in order to ensure that, whatever the outcome of an honest trial, its conclusions will lead to increased sales. Therefore, clinical trials are nothing more than disguised marketing. Manipulation of results is common practice in the industry. The creation of false data is so frequent and normal that there are even expressions to describe it: *dry*

*labelling and graphiting in the USA and making in Japan.*

This terrible reality erodes one of the fundamental pillars of scientific communication: **trust**. In fact, pharmaceutical companies institutionalised fraud, and Pfizer set the record for unethical behaviour. Since its creation in 1849, Pfizer demonstrated a special ability to get people to take more and more medicines, so it is not surprising that it ended up being the largest pharmaceutical company in the world. When its CEO left office in 2000, he claimed to have bought a ship so big that he had nowhere to moor it, so he had to buy a port (50).

Doctor Juan Gérvas is clear about the SARS-CoV-2 vaccine:

"In the race to be the first, Pfizer's behaviour evokes the deliberate manipulation of the world's population to make it believe that there is already an effective vaccine and that it is a matter of days before it is available for mass application. While this is achieved, it is key that there be transparency and truthful communication of successes and difficulties in vaccine development" (51).

Peter Doshi, associate editor of the *British Medical Journal*, writes along the same lines:

***"The '95% effectiveness' ad can be much more complex than meets the eye, or maybe not. Only full transparency and rigorous scrutiny of the data will enable informed decisions to be made. The data must be made public"***.

Doshi himself confirms a clear potential conflict of interest:

***"I have been demanding the publication of vaccine trial protocols and signed open letters calling for independence and transparency in decision-making regarding the Covid-19 vaccine"*** (52). No response.

On Monday 9 November 2020, Richard Horton, editor of *The Lancet*, another leading international medical science journal, posted this thread on Twitter:

***"About Pfizer's covid vaccine, the publication of interim results through a press release is not good scientific practice or helpful in building public confidence in vaccines. Such an announcement should be accompanied by the full publication of a peer-reviewed article in a scientific journal"*** (53).

Returning to Doshi's article, on the lack of safety and efficacy of Pfizer and Moderna vaccines, he addresses the data deficit on the following variables and issues:

*"They do not provide data on the ability of the vaccine to save lives or prevent infection. They do not provide data on the vaccine's ability to save lives or prevent infection, nor on its effectiveness in more vulnerable subgroups (e.g. older people with compromised health and comorbidity). There are no data for other population groups, such as children, adolescents and immunocompromised persons, excluded from clinical trials. Checking for design errors, and subsequent bias in data analysis. (...) Placebo vials are a different colour from vaccines. (...) Exclusion of important variables such as prevention of serious disease and transmission in high-risk individuals (...) Independent scrutiny of trial data will increase confidence and credibility of results"*.

The medical organisation *Médecins Sans Frontières* also calls for a vaccine based on evidence and transparency:

*"Public scrutiny of the terms of agreements with pharmaceutical companies is essential to ensure equitable and affordable access to these vaccines"*(54). Above all, given the 12.88 billion dollars of taxpayers' money invested in pharmaceutical companies in the development of vaccines in Europe and the US, civil society has the right to demand transparency in access to information on the safety and effectiveness of these vaccines (Ibidem).

Science not compromised by economic or financial conflicts of interest, and based on refutable evidence, comes to the same conclusion: without transparency there is no social trust in a safe and effective Covid-19 vaccine, as data on possible side effects are hidden.

To conclude, the BitNavarra (Boletín de Información Farmacoterapéutica de Navarra) therapeutic assessment sheet is attached. This is a clear, informative, rigorous and comprehensible technical sheet, in accordance with the principle of transparency (55), which states that this vaccine will, a priori, benefit only a few and cause harm to many.

When science collapses morally, society is exposed to the fiercest attacks of the rampant neo-liberalism that campaigns at will, without regulation and supervision. Humanity is left without one of its main bulwarks of protection and counterattack, the batteries of knowledge and critical, scientific and autonomous thought, and therefore the disastrous but correct reflection of Professor Peter Gøtzsche is certified: "**scientific dishonesty can and often does end the lives of many people**" (56).

When the authorities do not protect the citizenry, but rather subjugate, deceive, asphyxiate, sicken and kill them with their absurd and tyrannical political measures, the citizenry has a moral duty to rise up, rebel and disobey, in order to protect itself from the abuses and injustices of power. After all, as African American professor and feminist Angela Davis said, "*freedom is a constant battle*".

## REFERENCES AND BIBLIOGRAPHY CONSULTED

- 1)<https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/>
- 2)<https://www.rtve.es/noticias/20200730/sanidad-recnoce-no-hubo-comite-expertos-para-desescalada-margen-del-equipo-fernando-simon/2034841.shtml>
- 3)Chomsky, Noam. *Réquiem por el sueño americano*. Ed. SextoPiso. Madrid. 2017. Páx.20.
- 4)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.11.
- 5)Transparency International. Informe Global da Corrupción 2006. Corrupción e Saúde. Ed. IDB Bookstore.Washington. 2006. Páx. 12.
- 6)[https://images.transparencycdn.org/images/2006\\_GCR\\_Health\\_ES.pdf](https://images.transparencycdn.org/images/2006_GCR_Health_ES.pdf)
- 7)<https://www.bmj.com/content/bmj/367/bmj.l6576.full.pdf>
- 8)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.13.
- 9)[https://www.bbc.com/mundo/economia/2009/09/090902\\_1730\\_multa\\_pfizer](https://www.bbc.com/mundo/economia/2009/09/090902_1730_multa_pfizer)
- 10)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.18.
- 11)<https://www.youtube.com/watch?v=XnlT3rPNUpo>
- 12)<https://www.wodarg.com/espa%C3%B1ol/>
- 13)<https://off-guardian.org/2020/06/23/the-deadly-hydroxychloroquine-publishing-scandal/>
- 14)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.115.
- 15)<https://www.gatesfoundation.org/en/Media-Center/Press-Releases/2020/09/Commitments-to-Expanded-Global-Access-for-COVID-19-Diagnostics-Therapeutics-and-Vaccines>

16)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.25.

17)[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60139-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60139-2/fulltext)

18)Engelbrecht, Torsten. Köhnlein, Claus. *Virus Mania*. Ed. emu-Verlag. Lahnstein. Germany. 2020. Páx. 433.

19)<https://latribunadelpaisvasco.com/art/13799/kary-mullis-inventor-del-pcr-esta-prueba-no-te-dice-si-estas-enfermo-o-no>

20)<https://www.nobelprize.org/prizes/chemistry/1993/mullis/lecture/>

21)<https://www.globalizacion.ca/la-prueba-de-rt-pcr-de-la-covid-19-como-enganar-toda-la-humanidad-utilizando-prueba-para-encerrar-la-sociedad/>

22)[https://www.roche.es/es\\_es/comunicacion/actualidad/2020/octubre/las-ventas-del-grupo-roche-crecen-un-1--a-tipos-de-cambio-consta.html](https://www.roche.es/es_es/comunicacion/actualidad/2020/octubre/las-ventas-del-grupo-roche-crecen-un-1--a-tipos-de-cambio-consta.html)

23)<https://www.boe.es/eli/es/o/2020/05/19/snd422>

24)<https://www.globalresearch.ca/covid-19-masks-crime-against-humanity-child-abuse/5726059>

25)<https://es.cochrane.org/es/%C2%BFest%C3%A1-justificado-el-uso-generalizado-de-mascarillas-para-evitar-la-transmisi%C3%B3n-comunitaria-del>

<https://www.scientificfreedom.dk/wp-content/uploads/2020/10/PCG-masks.pdf>

27)<https://theinfectiousmyth.com/book/PanicoCoronavirus.pdf>. Páx.3.

28)Engelbrecht, Torsten. Köhnlein, Claus. *Virus Mania*. Ed. emu-Verlag. Lahnstein. Germany. 2020. Pp:298-301.

29)<https://www.es.amnesty.org/en-que-estamos/noticias/noticia/articulo/madrid-cataluna-las-personas-mayores-en-residencias-han-sufrido-desde-marzo-cinco-violaciones-de-derechos-humanos-y-ahora-podrian-volver-a-sufrir-algunas-de-ellas/>

30)[https://doc.es.amnesty.org/ms-opac/doc?q=%3A\\*&start=0&rows=1&sort=fecha%20desc&fq=norm&fv=\\*&fo=and&fq=mssearch\\_fld13&fv=EUR41800020&fo=and&fq=mssearch\\_mlt98&fv=gseg01&fo=and](https://doc.es.amnesty.org/ms-opac/doc?q=%3A*&start=0&rows=1&sort=fecha%20desc&fq=norm&fv=*&fo=and&fq=mssearch_fld13&fv=EUR41800020&fo=and&fq=mssearch_mlt98&fv=gseg01&fo=and)

31)[https://www.cgcom.es/sites/default/files/u183/n.p.\\_certificaciones\\_de\\_defuncion.28032020.pdf](https://www.cgcom.es/sites/default/files/u183/n.p._certificaciones_de_defuncion.28032020.pdf)

32)[https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Documents/INFORMES/Informes%20COVID-19/Informe%20COVID-19.%20N%C2%BA%2059\\_29%20de%20diciembre%20de%202020.pdf](https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Documents/INFORMES/Informes%20COVID-19/Informe%20COVID-19.%20N%C2%BA%2059_29%20de%20diciembre%20de%202020.pdf)

- 33)<https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Documents/GRIPE/INFORMES%20ANUALES/Vigilancia%20de%20la%20Gripe%20en%20Espa%C3%B1a.%20Informe%20Temporada%202019-2020.pdf>
- 34)<https://www.publico.es/politica/privatizacion-asistencia-sanitaria-dejo-inermes-geriatricos-catalanes-pandemia.html>
- 35)[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30079-5/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30079-5/fulltext)
- 36)<https://apnews.com/article/8ccd325c2be9bf454c2128dcb7bd616d>
- 37)<https://extramurosrevista.org/grupo-de-abogados-en-alemania-inicia-un-juicio-colectivo-contra-los-responsables-de-lo-que-consideran-el-mayor-crimen-contra-la-humanidad-jamas-cometido/>
- 38)<https://www.boe.es/buscar/act.php?id=BOE-A-2020-4010>
- 39)<https://gbdeclaration.org/la-declaracion-de-great-barrington-sp/>
- 40)<https://www.nytimes.com/2019/08/15/science/kary-b-mullis-dead.html>
- 41)<https://www.virusmyth.com/aids/hiv/kmdancing.htm>
- 42)<https://ijme.in/wp-content/uploads/2019/10/09.-COCHRANE-COLLABORATION.pdf>
- 43)<https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>
- 44)<http://www.nogracias.org/2018/11/18/carta-john-ioannidis-la-ministra-salud-dinamarca-defensa-peter-gotzsche/>
- 45)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.98.
- 46)<https://ligacontraelsilencio.com/2020/06/04/vacuna-contra-la-covid-no-sera-un-bien-publico-mundial-ex-oms/>
- 47)[https://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/pandemic/es](https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/es)
- 48)<https://www.prosalud.org/noticia?id=66&cat=18>
- 49)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.25.
- 50)Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pp.145-156.



- 51) <https://www.actasanitaria.com/vacuna-covid-de-pfizer-ciencia-y-propaganda/>
- 52) <http://www.nogracias.org/2020/12/31/en-castellano-el-texto-de-peter-doshi-sobre-el-95-de-eficacia-de-las-vacunas-covid19-de-pfizer-y-moderna/>
- 53) <https://twitter.com/richardhorton1/status/1326100901405331456>
- 54) <https://www.opendemocracy.net/es/vacuna-covid-19-poca-transparencia-industria-farmaceutica/>
- 55) [http://www.navarra.es/NR/rdonlyres/6EAA15A8-75D9-4C43-B218-98D590FC247D/467922/FichavacunaPfizer\\_def.pdf](http://www.navarra.es/NR/rdonlyres/6EAA15A8-75D9-4C43-B218-98D590FC247D/467922/FichavacunaPfizer_def.pdf)
- 56) Gøtzsche, Peter C. *Medicamentos que matan y crimen organizado. Cómo las grandes farmacéuticas corrompieron el sistema de salud*. Ed. Los Libros del Lince. Barcelona. 2014. Pág.111.
- 57) Bauman, Zygmunt y Lyon, David. *Vigilancia líquida*. Ed. Austral. Barcelona. 2015.