Dr Mike Yeadon testimony areas Apr 11 2022 version

I. FRAUDULENT GUIDANCE/RECOMMENDATION TO ENCOURAGE USE OF A VACCINE KNOWN TO BE UNNECESSARY INEFFECTIVE AND HARMFUL

A. UNREASONABLE AND UNLAWFUL VACCINE MANDATES - *mandating vaccination for those not at risk from the virus. Children, because they are not at risk and transmit the infection so poorly. Those recovered from infection, because they have robust natural immunity. Pregnant women, because we do not have evidence of safety for their unborn babies. These agents do not prevent people catching the virus, transmitting the virus or viral replication in their airways. There isn't the slightest scientific basis to pretend there's a public health interest in coercing or mandating vaccination. In any case, it is illegal to coerce vaccination in anyone unwilling to receive it.*

1. HIGH SURVIVABILTY RATE FROM COVID DID NOT WARRANT A VACCINE (reference above). This could **NEVER** have been done safely, because the **time required to obtain evidence of longitudinal safety in a large enough group of people to have confidence that mass vaccination will not do more harm than good is UNAVOIDABLY longer than the duration of any pandemic. This is true now and it'll be true of any pandemic WHO may declare in the future.**
2. SUPPRESSION OF AVAILABLE EFFECTIVE & SAFE REPURPOSED DRUGS (reference above)
3. DENIAL/SUPPRESSION OF NATURAL IMMUNITY (NI) ***YEADON***
   Despite over 100 years of medical science confirming the strength of NI against communicable diseases, NI was not only disregarded by the Defendants with regard to COVID, but it was also suppressed and practically regarded as a four-letter word.

   a. Some prior immunity to COVID-19 already existed – "*…30% of our population already had immunological recognition of this new virus, before it even arrived…COVID-19 is new, but coronaviruses are not."* So, only 15-25% of a population being infected may be sufficient to reach herd immunity and bring the spread of the virus to a halt as shown by *epidemiological studies*

   b. Scientists, like Dr. Yeadon, argue that much of the population already has, if not antibodies to COVID, some level of "T-cell" immunity from exposure to other related coronaviruses, which have been circulating long before COVID-19.

   c. Evidence of exiting immunity: *"A major component of our immune systems is the group of white blood cells called T-cells whose job it is to memorize a short piece of whatever virus we were infected with so the right cell types can multiply rapidly and protect us if we get a related infection. Responses to*

COVID-19 have been shown in dozens of blood samples taken from donors before the new virus arrived."

d. Natural immunity provides 27 times better protection against COVD than vaccine. https://brownstone.org/articles/natural-immunity-and-covid-19-twenty-nine-scientific-studies-to-share-with-employers-health-officials-and-politicians/

e. In fact, the more highly vaccinated a population, do not experience lower COVID cases and in some cases they had more – 10/3/2021 - 68 nations and 2,947 US counties) vs. Uttar Pradesh (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/)

f. 44% of children have natural immunity

II. EVERY MAJOR NARRATIVE POINT ABOUT THE VIRUS & EACH OF THE "MEASURES" IMPOSED WAS A FALSEHOOD, WHICH EXAGGERATED THE THREAT AND FRAUDULENTLY SOUGHT TO JUSTIFY EXTREME INTERFERENCE WITH NORMAL LIFE.

1. *Already touched on this.* **HIGH SURVIVABILTY RATE FROM COVID DID NOT WARRANT A VACCINE (reference above).**
2. *Already touched on this.* **BECAUSE THIS IS A NEW VIRUS, THERE WILL BE NO PRIOR IMMUNITY IN THE POPULATION.** https://www.bmj.com/content/370/bmj.m3563
3. **THE VIRUS DOES NOT DISCRIMINATE SO EVERYONE IS VULNERABLE**. This virus represents a serious health threat only to those close to the end of their lives by virtue of advancing years and / or because the individual has several serious, life-shortening chronic illnesses. The difference in threat of lethality between a young person and a person in their 80s is at least 1000-fold. Other than in the elderly, the health threat is not different than that from a seasonal influenza. https://onlinelibrary.wiley.com/doi/10.1111/eci.13554 https://www.frontiersin.org/articles/10.3389/fpubh.2021.625778/full
4. **PEOPLE CAN CARRY THIS VIRUS AND INFECT OTHERS WITH IT, EVEN THOUGH THEY HAVE NO SYMPTOMS THEMSELVES**. This is simply not true. This claim, of asymptomatic transmission, does not occur at any rate that is epidemiologically relevant. When transmission was studied within the household, only those with symptoms were able to infect those with whom they shared a home. Not only are there many, peer reviewed journal articles (https://pubmed.ncbi.nlm.nih.gov/33315116/) but this was admitted by Dr Fauci on camera and also by a WHO doctor. https://www.bitchute.com/video/llj22KttYq7z/ In this video, I explain why asymptomatic transmission doesn't occur to any meaningful extent.
5. **The PCR test**….I assume someone else is covering this at length…yes? I can do it, but its time-consuming.

6. **MASKS ARE EFFECTIVE IN PREVENTING TRANSMISSION.** Its been known for many years that this is not true. Blue medical masks are not filters, only 'splashguards'. Fabric masks are worse and their forced use, like blue medical masks, is pure theatre. https://pubmed.ncbi.nlm.nih.gov/33215698/ https://brownstone.org/articles/more-than-400-studies-on-the-failure-of-compulsory-covid-interventions/

7. **LOCKDOWNS ARE EFFECTIVE IN SLOWING THE SPREAD OF THE VIRUS.** This is also a flat lie. If anyone claims it wasn't certain before it was first used, they cannot say that now. There have been scores of peer-reviewed articles showing they don't work. I am the only person to explain WHY this is. It's because only sick people transmit readily and they're ill and so remain at home. Those moving around outside of their homes are mostly too well to infect others. Its not surprising then, that requiring these fit and well people all to stay home, made no difference to community transmission. Instead, most transmission occurs between a sick person and susceptible person, such as in hospitals, care homes and the domestic setting. https://www.acsh.org/news/2022/02/16/johns-hopkins-lockdown-analysis-16135 https://apps.who.int/iris/handle/10665/329439?search-result=true&query=Non+pharmaceutical+interventions+2018&scope=&rpp=10&sort_by=score&order=desc

8. *Already touched on this.* **THERE ARE NO TREATMENTS FOR THIS DISEASE.** FALSE The official position was that the disease covid19 could not be treated and the patient only "supported", often by mechanical ventilation. Ventilation is wholly inappropriate because covid19 is rarely an obstructive airway disease, yet has a high associated morbidity and mortality. An oxygen mask is greatly preferred. In my view, due to the very large amount of empirical treatment and good communication, covid19 is the most treatable respiratory viral illness ever. We knew in the first 3 months of 2020 that hydroxychloroquine, zinc and azithromycin were empirically useful, provided treatment was started early and tackled rationally. https://pubmed.ncbi.nlm.nih.gov/32771461/
Its very important to note that it has been known for a decade and more that elevating intracellular zinc acts to suppress viral replication. https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1001176 There is no question that senior advisors to a range of governments knew that so-called "zinc ionophores", compounds which open channels to allow certain dissolved minerals to cross cell membranes, were useful in SARS (2003) and should be expected also to be therapeutically useful in SAR-CoV-2 infection. (This is a starting point for all of the clinical trials in covid-19, including especially ivermectin and hydroxychloroquine, which are zinc ionophores). https://c19early.com/)
https://journals.lww.com/americantherapeutics/Fulltext/2021/08000/Ivermectin_for_Prevention_and_Treatment_of.7.aspx It should be noted that using known safe agents for experimental purposes as a priority has always been an established ethical medical practice & is known as "off label prescribing".

9. **IT IS CLAIMED OR IMPLIED THAT YOU CAN BE REPEATEDLY INFECTED BY THE SAME VIRUS (OR VARIANTS) CLOSE TOGETHER IN TIME.** FALSE. Any such suggestion or implication requires strong evidence, because the default expectation is the opposite. Once infected, immunity is acquired. FALSE
There have been scores of peer reviewed journal articles on this topic. Very few clinically-important reinfections have ever been confirmed.
https://brownstone.org/articles/how-likely-is-reinfection-following-covid-recovery/
Beating off a respiratory virus infection leaves almost everyone with acquired immunity which is complete, powerful and durable. You wouldn't know it for the misdirection around antibodies in blood but such antibodies are not considered pivotally important in host immunity. Secreted antibodies in airway surface liquid of the IgA isotype certainly, but most important are memory T-cells.
https://www.medrxiv.org/content/10.1101/2020.11.02.20222778v1 Those infected with SARS in 2003 still had clear evidence of robust, T-cell mediated immunity 17y later. https://www.nature.com/articles/s41586-020-2550-z

On variants, the normal rules of immunology apply. Despite the publicity to the contrary, SARS-CoV-2 mutates relatively slowly and no variant is even close to evading immunity acquired by natural infection.
This is because the human immune system recognizes 20-30 different structural motifs in the virus, yet requires only a handful to recall and effective immune memory. https://www.biorxiv.org/content/10.1101/2020.12.08.416750v1
https://www.biorxiv.org/content/10.1101/2021.02.27.433180v1
The variants story fails to note "Muller's Ratchet", the phenomenon in which variants of a virus, formed in an infected person during viral replication (in which "typographical errors" are made & not corrected) trend to greater transmissibility but lesser lethality. If this was not the case, at some point in human evolution, we would have expected a respiratory viral pandemic to have killed off a substantial proportion of humanity. There is no historical record for such an event.
I do not rule out the possibility that the so-called vaccines are so badly designed that they prevent the establishment of immune memory. If that is true, then the vaccines are worse than failures and it might be possible to be repeatedly infected. This would be a form of acquired immune deficiency.

IN SUMMARY, WE HAVE BEEN LIED TO FOR OVER TWO YEARS AND SUBJECTED TO A CAMPAIGN DESIGNED TO ELICIT FEAR AND COMPLIANCE

-first, **to accept non-pharmaceutical interventions,** all of which were known not to work (WHO fully reviewed all NPIs in 2019) but **smashed the economy**

-second, to accept "**gene-based vaccines**", which appear not to confer any worthwhile protection at all, certainly not from a PH perspective (transmission isn't reduced) so that we can be rewarded with **mandatory, digital ID** (vaccine passports). There is no benign interpretation. It's been a coup d'etat.