

## Verified Affidavit

My name is Dr. Mike Yeadon, I am over the age of 18 of sound mind and everything I say herein is true according to my knowledge, science logic and justice.

I am a professional research scientist. I have a double first degree in Biochemistry and Toxicology and have a researched based PhD in Respiratory Pharmacology. I have worked for 32 years in the pharmaceutical industry, I was at my most senior as Vice President and Chief Scientific Officer worldwide for research, respiratory and allergy at Pfizer. I left Pfizer 10 years ago in 2011 and in that decade I have consulted to thirty startup bio technology companies now public & with market values of over a billion dollars. Additionally, I founded and raised \$40M in venture finance internationally. I led as CEO and ultimately sold my own bio tech company Ziarco for millions of dollars. We obtained exciting clinical results & were acquired in 2017 by Novartis, one of the worlds largest pharmaceutical companies. Here's a history written by a former Pfizer board member

<https://www.forbes.com/sites/johnlamattina/2017/03/15/turning-pfizer-discards-into-novartis-gold-the-story-of-ziarco/?sh=3cee96027572>

I have trained & practiced research across a wide range of relevant life sciences for forty years. I thoroughly enjoyed my time in industry and I believe I am at least as qualified as any of the scientists and Dr.s advising the U.K. Governments and others including Costa Rica.

I have significant concerns about policy responses to COVID and in particular serious concerns about the safety of these gene-based vaccines against COVID.

I wish to verify some truths backed by extensive scientific research by hundreds of world class experts and that I understand the Health Minister Dr. Salas testified August 27th 2021 that numerous questions posed "Have no scientific basis whatsoever". He is wrong.

I understand that Costa Rica is using the PCR test at very high numbers of cycles to confirm their cases of covid. What this means according to the unequivocal rules of science is there is no emergency in Costa Rica, there never has been an emergency in Costa Rica, there is only a fraudulent testing method that creates literally ALL false positive cases of covid-19. If Costa Rica used lower cycle counts it would still be 0-3% correct, or 97-100% false positives. The pandemic is a scientific fraud under this testing method.

All the "control measures" we're ordered to take are lies. The easiest to show this relates to the mask mandates. These were proven not to reduce transmission of respiratory viruses long before covid-19 & I know that through good understanding of the peer reviewed scientific literature. Why are you requiring the use of masks? There is no evidence whatsoever that these reduced transmission, but they do increase unusual bacterial pneumonias.

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Asymptomatic transmission is another I knew well before 2020. It is definitely epidemiologically irrelevant. No question. This however is a central lie, fundamental to frightening people.

<https://www.bitchute.com/video/1Ij22KttYq7z/>

Once it is recognized that those without symptoms do not transmit the virus effectively to others, the whole pretense falls apart. No need for masks, for testing the well, for lockdowns, social distancing or coerced vaccination. It is over.

Why I am speaking out is because the people are being lied to. The authorities are not giving full information about the serious risks about these products. In many cases the government actually does not understand the rules they are enforcing and should be interrogated.

Three things I will tell you about my concerns with the impact these gene-based vaccine in reproductive health, fertility and pregnancy. The first thing is so obvious that you'll agree with me when I tell you, we never ever give experimental medicines to pregnant women. Why do we not do that? Well you've probably heard of the word Thalidomide. Sixty years ago we were exposed to a new product for morning sickness called Thalidomide and it led to at least ten thousand birth malformations and we didn't know at the time and the studies that were being done at the time wouldn't pick out Thalidomide as a toxin in the womb and it also thought us that babies were not protected inside of the uterus as we used to think but in fact the miracle of minute development critical stages especially in the early stages where if they were interfered with biochemical or something else it can change course of developments of that child irreparably. Never ever give inadequately tested medicinal products to a pregnant woman. Yet it's exactly what is happening. Our government is urging pregnant women and women of child bearing age to get vaccinated. They're telling them they are safe and that's a lie because those studies have simply not been done. Reproductive toxicology has not been undertaken with any of these products certainly not a full battery of tests that you would want. There have been potentially hundreds of millions of women with child bearing potential injected with products which are untested in terms of impacts on fertilization and development of the baby.

This tells me that there's recklessness, the authorities do not care what happens. But it's much worse than that. Remember I am a toxicologist as well as a research scientist. I have two things to tell you. The first came to light through a freedom of information request to the Japanese medicines' regulator. The Japanese medicines regulator had required Pfizer to do a study where they looked at how the vaccine distributes around the body in this case of a rat over time. It's distribution or pharmacokinetic study, which were not required in America or Europe because that's not what you do with classical vaccines. But the Japanese regulator required

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it. I have seen a copy of that report and I'm entirely able to read and interpret it and to my horror, what we find is the vaccine doesn't just distribute around the body and wash out again which is what we hope. It concentrates in ovaries of rats and it concentrates at least 20x fold. What's it doing there? I don't know, but you don't want this product in your ovaries. It's simply not necessary to induce immunity to have a vaccine in your ovaries and as it's concentrating in the ovaries getting higher concentrations over time, they have not even defined what the maximum levels are when that occurs. So now we've got a second problem that the vaccine, at least in a rat distributes into the ovaries and I'll tell you a general rule of thumb in toxicology is that you don't data to counter, contradict what you've learned, that's the assumption you make for humans. So, my assumption at the moment is that's what's happening to every female who has been given these vaccines and that these vaccines are concentrating in her ovaries. That's very worrying because we don't know what that will do, but it cannot be benign and could be seriously harmful because the vaccines will then express the CORONA VIRUS Spike Protein and we know that there are unwanted biological effects from that spike protein. So that's the second one.

I have another one and it's even worse because actually this time it's an experiment in humans, in females. I wrote with a German Doctor (Wolfgang Wodarg) eight months ago a petition to the European Medicines agency and amongst several concerns we had, one was that the spike protein is similar, not very strongly but faintly similar to an essential protein in your placenta. Something that's absolutely required for both fertilization and formation and maintenance of the placenta so you cannot get pregnant and have a successful pregnancy if this protein is damaged in any way. We noticed that the corona virus Spike Protein is similar. Similar enough that I was worried and I wanted them to do some experiments hopefully to rule out the possibility that when we vaccinate the person who then makes spike proteins and they develop immune response against this spike protein my worry was that there would be an echo, a faint signal that would potentially bind this similar protein in the placenta and the studies just came out a few weeks ago and their findings say **exactly** what I was worried about. Fifteen women were given the Pfizer vaccine, they drew blood samples every few days and they measured antibodies against the spike protein, which took several weeks to appear, they also measured antibodies against the placenta and they found within the first one to four days an increase of 2.5x to 3x, a three hundred percent increase against the antibodies within the own placenta in the first four days. I am sorry to say this but that is a **vaccine-induced auto immune attack on their own placenta**. And I think that you can only expect that is happening with every woman of child bearing potential. It's generating antibodies against this critical protein required for fertilization and a successful pregnancy. What the effect will be we cannot be certain and it cannot be benign and I don't know whether it's enough to cause first trimester losses. But I think it would by the looks of the literature and women who are unfortunate to have what I call autoimmune diseases tend to have a high rate of first trimester losses.

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What the vaccine has done has induced an autoimmune response. I'm here to warn you that if you are of child bearing potential or younger so not at menopause, I would strongly recommend you do not accept these vaccines.

Up until May of 2021, the Center for Disease Control had ten thousand verified vaccine failures, those are patients who were fully vaccinated, they had plenty of time to develop immunity and they had developed COVID-19 and in that report on the CDC website, nine percent were hospitalized and three percent died. So it looked like COVID-19 breakthrough syndrome that we always knew about. During the same time period, there were zero cases of infection after someone who is naturally immune. As we see it here today, there are no cases where a patient who has a real characterized first case, that is the characteristics signs and symptoms in characteristic positive testing, that's **ever** developed a second case. The only thing we have is some sketchy cases of possibly having COVID and may or may not having antibodies and that of a second infection. In fact there's an analysis that have shown that even in less defined first cases the chances of a second case are zero point two percent over the course of a year.

So natural immunity is robust, complete, durable and there's no threat of a second infection. That means you yourself are not at risk, and you're not a threat in the workplace. You not only do not need to get vaccinated, you must not. You will be much more likely to experience an adverse reaction to vaccination.

Under no circumstances should a COVID recovery patient be forced to take the vaccine for any type of social pressure or reason. Under no circumstances. Three papers show increased risks of side effects including those that require hospitalization in patients who are COVID recovered and needlessly vaccinated so these are very important points.

Vaccine failures with the Delta Variant, we now have data suggesting that there could be nearly wholesale failure of the vaccines at least the Pfizer vaccine. 84% of individuals in Israel who have COVID-19 are fully vaccinated with the Pfizer vaccines. Forty two percent of those with Delta in the United Kingdom vaccinated with Pfizer, Moderna or AstraZeneca, sixty five percent of the small number of deaths with Delta in the UK, four hundred and sixty deaths, sixty five percent of them have been previously vaccinated.

The reason why there's confusion in AMERICA is we have pre-announced asymmetric reporting. The CDC announced May first that it would not report COVID-19 in patients who were previously vaccinated. So, a talking point was created to say this is a crisis of the unvaccinated and Americans are looking around seeing vaccinated individuals coming down with COVID all over the place. There was an emergency town hall meeting in Texas led by Senator Bob Hall, The data suggests its roughly 50/50 or so, perhaps 60/40. There are large fractions of

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Americans now getting COVID-19 with the Delta Variant and who have been fully vaccinated.

Natural immunity: the only people who are at really serious risk of hospitalization and death if they acquire the infection are those at advanced age or possession of usually several illnesses that are life shortening. So, I don't mean to be ruthless, but as Dr. Roger Hodkinson has said that life is dangerous and death comes to us all in the end. The vast majority of people who acquire this infection easily shrug it off and then they develop deep broad robust immunity and the reason they do that is their immune system is exposed to and processes and remembers every component of the virus itself. Whereas if you're given one of these gene based vaccines your body only sees the thing that's encoded which is the Spike Protein. The spike that you see sticking out of the surfaces of the cartoon ball on your TV set. So, your body has no memory of the virus beyond the spike protein because it was not exposed to any of the components in the middle of the ball, and so on.

There's no question in my mind that if you have been exposed to the virus that you would have superior immunity compared to anyone getting any of these vaccines and you shouldn't be exposed thereafter to the vaccine.

Based on the actual data depending on your age, usually anywhere from a young child up to 60 years of age in good health, you're not at risk of really being extremely affected by this respiratory illness. In fact, the younger you are, the clearer it is that the risks from influenza are greater than the risks from covid19.

There's a difference between a protein-based classical vaccine and a gene-based vaccine. With a protein-based vaccine at least you can know what the dosage is in a measurable amount. While this looks similar with a gene based vaccine, its not true, because you become a spike protein factory and how much is made, when and where all is unmeasurable and unmeasured.

The governments do not need to be rushing hastily in giving an entire population these vaccines considering it's such a small percentage of people that are vulnerable. No one else need consider taking the risks of an experimental treatment. My colleagues and I have been saying there are perfectly good other treatment options as an alternative, yet these have been ruthlessly suppressed.

I think that would be the approach to take rather than being fearful of whatever is being offered and to stand tall to say no thanks, I have an well-understood alternative and I don't need it! That is what I recommend to everyone.

There is no reason be frightened by the virus itself because there are excellent treatments and the Governments and media have greatly exaggerated the risk persistently. They're frankly flooding the public with fearful information and it's

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just a moderate virus to which there are great treatments. Get that in your head. You're being scared, deliberately. Why might the authorities do that? I believe its about control.

Do be frightened of the policy responses. What are they doing? Locking down, masking, business closures, forced vaccination. You must know this is not sensible. This is not a conspiracy theory, you can see them doing crazy things that make no sense at all. Do be frightened of your Government's decisions and as my colleagues say you must object.

I cannot save people, we're in World War three if you'd like, and this time there are no Allies. As Dr. Simone Gold from Americas Frontline Doctors says, "you out there are the cavalry, we must rescue ourselves."

I have discovered reading a fantastic paper the other day by a psychologist. You have to share your doubts with each other in public, you don't need to give an essay in science, say something like "I'm not happy with what I am being told, it doesn't feel right to me". If you say that in Public someone else will say "you know, I feel the same". And then someone else will chime in. If you stay locked in staring at your TV set letting them make you frightened, eventually there will be a knock at the door asking if you have been vaccinated. I am really scared of that. So, you can rescue it like the Berlin wall. You have to speak to each other and just say "I have my doubts! I am not happy with what's happening. I don't trust what's being said to me". That's all you need. It will initiate & amplify. So, keep doing that with each other. Some days you get a bad reaction but many times I think people are now sufficiently uncertain and they will gravitate to you.

What we need to do is shake this artificial consensus which was never really there and I have never been happy with what we're being told and I have been at it for about sixteen months now, but there's some sort of singular consensus on the TV and it's not real. If you share your doubts with people around you, you can set this snowball rolling!!

I am hearing of countless of cases of health problems after the injections. The main areas are heart problems in the young and strokes and embolisms in the old. This is because the injections damage your coagulation system, more specifically they deplete your blood platelets, attended by clotting and bleeding disorders, some of which, like pulmonary embolisms, are increased by several hundred fold after the injections.

I agree with a newly published medical study <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1> which found that infection from COVID-19 confers considerably longer-lasting and stronger protection against the Delta variant of the virus than vaccines. "The natural

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immune protection that develops after a SARS-CoV-2 infection offers considerably more of a shield against the Delta variant of the pandemic coronavirus than two doses of the Pfizer-BioNTech vaccine, according to this large Israeli study. “The newly released data show people who once had a SARS-CoV-2 infection were much less likely than vaccinated people to get Delta, develop symptoms from it, or become hospitalized with serious COVID-19.”

Put another way, vaccinated individuals were 27 times more likely to get a symptomatic COVID infection than those with natural immunity from COVID. The Health Ministers refuse to acknowledge facts that get in the way of their vaccine quota of 70-80% of the population, which is sales driven and has no scientific basis whatsoever. Once you’ve read this paper, you cannot any longer believe that mass vaccination is appropriate. It is not, it is reckless and must cease. Those who willfully continue may eventually be tried on charges of attempted murder.

It appears to my colleagues and I that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body. Research proves this is not speculation but a fact. This was presented to Health Minister Dr. Salas in a series of questions signed by well over 100 world class experts including WHO advisors. In Dr. Salas’s reply to the court he did not answer our concerns of dangers or provide any evidence whatsoever that each valid presumption of danger from the vaccines were ruled out before authorizing them for use in humans in Costa Rica. For Dr. Salas to say there is “no scientific basis whatsoever” to the questions presented by hundreds of experts, whilst never investigating is not credible. He must address the questions, at least in groups if he regards some are repetition.

Another fact that is now proven is it must be expected that the vaccines will obtain access to the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries.

It must be expected that during expression of the vaccines’ nucleic acids, peptides derived from the spike protein will be presented via the MHC I — pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus. We must assume that these lymphocytes will mount an attack on the respective cells.

It must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body.

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It is already proven by Dr. Hoff that the majority of vaccinated people develop clotting, which shows on d-dimer tests. It must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and hemorrhagic stroke

The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection. Thrombocytopenia has also been reported in vaccinated individuals. There is no evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with the two vaccines prior to their approval for use in humans by the Ministerio De Salud. In fact, the testimony of Dr. Salas August 27th 2021 mentions Thrombocytopenia as a risk of AstraZeneca but downplays the serious risk, while saying the questions about it “have no scientific basis whatsoever”. How can he say this, when both FDA and the EMA have both issued advisories about this very adverse effect?

According to the testimony of Dr. Salas August 27th 2021 concerning the so called “conclusive evidence” of a real emergency existing at the time of the vaccine rollout: First, he gave recent supposed data, not data at the time of the rollout of the vaccines as requested. Second, the supposed data provided is a mere table of numbers with no actual data of how those numbers were obtained. I presume the numbers, which are unacceptable in science as proof of an emergency, are based on the PCR test which Dr. Salas previously testified is used at 45 cycles, no lower than 36 cycles, and that is a fatally flawed test which creates literally 100% false positives in the table. His table of numbers of confirmed covid cases should read as zero in all categories because that’s his testing method. In the rules of science, we call this “quackery” and insufficient evidence of a real emergency to provide a table of numbers without the data of how those numbers were legitimately obtained, especially so when we asked for conclusive evidence of an emergency. His evidence of covid cases and an emergency is controversial and ruled as being 97-100% false positives by numerous courts. The evidence of a real emergency is discredited by myself, my colleagues and it is noteworthy that all signers and co-signers to the Corman-Drosden protocol (PCR test) that Ministerio de Salud testified to using May 4<sup>th</sup> 2021 have asked for a retraction and want nothing to do with the protocol still used in Costa Rica because its unacceptably wrong. Science that is in debate and discredited by courts and all signatories that created it, is not the conclusive evidence we requested and Dr. Salas did not discredit the Corman-Drosden report which I signed that explains the PCR test is flawed, as required to prove his method for obtaining those numbers is scientific.



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For the reasons I just explained it is scientific fact that there is absolutely no pandemic in reality. There is also no conclusive evidence that an actual emergency existed at the time of the Ministerio De Salud granting Conditional Marketing Authorization to the manufacturers of the two vaccines, to justify their approval for use in humans by the Ministerio De Salud, purportedly because of such an emergency, in reality, at the time the worst of the pandemic had already abated.

There are serious concerns backed by the rules of science, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the Ministerio De Salud was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code. It’s a completely baseless and reckless decision for the Health Ministry to use the new vaccines based solely on external approvals by the corrupt strict regulatory agencies who are acting as rubberstamps and approving everything given to them by Pfizer and AstraZeneca. For examples, see:

### [Tough on Crime? Pfizer and the CIHR](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875889/)

 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875889/>

**Pfizer** has been a "habitual offender," persistently engaging in illegal and corrupt marketing practices. Since 2002 the company and its subsidiaries have been assessed \$3 billion in **criminal** convictions, civil penalties and jury awards.

Dr. Salas refuses to reveal his Pfizer contract and he repeats almost daily he has a quota of people he needs to inject. Why a quota? Surely their use would be only to address a medical need, which I argue does not exist?

Dr. Salas told the court that our questions signed by 180 world class experts “evidently lack any scientific basis whatsoever”. I consider this to be both frivolous and also medical persecution of us experts that disagree, which is a human right violation and a crime against humanity and we need to stop the censorship of these persecutions.

It is important for me to speak up now because the rules of science say that for every conclusion there must be a valid basis for that conclusion. That’s just a lie when Dr. Salas responded to say, “it should be pointed out that it has been demonstrated that the vaccines against COVID-19 the most effective approved preventive treatment that exists, since they save lives; but we cannot leave aside the other preventive measures such as the use of masks”\_& the rules of science say it’s just a scientifically disputed sales pitch UNLESS you qualify it.

First, the statement “it should be pointed out that it has been demonstrated that the vaccines against COVID-19 the most effective approved preventive treatment that exists, since they save lives” is deceitful. The evidence has demonstrated that

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vaccines are absolutely not the most effective treatment that exists to save lives. They are actually the most dangerous treatment of the available alternatives that WHO absolutely refuses to approve. The WHO is working with Big Tech in helping to suppress and censor ivermectin and other safer and more effective treatments because if they approve those treatments the Health Ministers & strict regulatory agencies cannot legally approve an emergency or the profitable vaccines emergency use authorization. It's very, very deceitful and evil in my opinion to claim the vaccines are the most effective preventative treatment that exists when other treatments work better, are very inexpensive, and are much safer. Also, there are countless studies masks absolutely do not work so Dr. Salas lied about masks saving lives. Its absurd.

Dr. Salas has shockingly failed to actually address our questions head on and answer if the Health Ministry had performed any studies on each of the presumed dangers. In the rules of science, having examined the answer provided by the Health Minister, it is conclusive that because there is a complete absence of the studies we asked for, in reality the approval of these mRNA vaccines (which are not vaccines by definition) are considered reckless approval which subjects the users to unnecessary dangers as my colleagues and I presumed.

Its appalling and in my opinion Dr. Salas should not occupy his important position, and if he really thinks our questions signed by hundreds of experts "evidently lack any scientific basis whatsoever" he is not qualified to know science. We are all very qualified to ask those highly scientific questions backed by our presumptions which are all proven dangers in reality.

Salas appears to be trying to block the truth of the very real vaccine dangers by quoting letters from the products sales customer service and explaining how hard he is working at rolling out his product to 70% to achieve "herd immunity". He refuses to go back to square one which is to ensure safety first before injecting a known toxin into 70% of Costa Rican people which causes severe life altering reactions in 5-10% of users according to testimony in a United States Texas senate. Also, 'herd immunity' is arrived at by aggregating pre-existing immunity (multiple studies showed that 30-50% of populations had immunity because of exposure to related viruses in the past, or having recovered in the last 18 months from infection, usually without any illness. It is my assessment that most populations are already at 'herd immunity' before any vaccinations began.

This is about the vaccine passport, not health. These vaccines are not needed and are also very dangerous. It is a scam. I do not know what, if any scientific evidence or statistical data is collected by this Ministry which Daniel Salas says shows that vaccination is effective in preventing serious illness and even death because he refused to give us evidence to participate and examine. What I can say for sure is his statistical data is incorrect according to the unequivocal rules of science that

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prove most people hospitalized took the vaccine and they are most likely hospitalized from vaccine injury when most of them had a 99% chance of recovery.

7 Reasons why the COVID vaccines and vaccine mandates should not be used or approved:

**1. The vaccines kill more people than they save.** Although the vaccines reduce the number of COVID deaths, that benefit comes at a steep price: death from other causes. [Pfizer's own Phase 3 study \(6 month\)](https://www.medrxiv.org/content/10.1101/2021.07.28.21261159v1.full.pdf)

<https://www.medrxiv.org/content/10.1101/2021.07.28.21261159v1.full.pdf> showed that more people died who got the vaccine than who got the placebo. Today, there is no risk-benefit analysis showing that the vaccines have saved more lives than they've taken. The VAERS data shows that the vaccines are extremely unsafe and for those under 50 years old will kill more people than they save. The vaccines elevate dozens of serious adverse cardiovascular and neurological events, reactivate latent viruses, and can make cancers worse. Healthy young people have died shortly and unexpectedly after vaccination.

**2. Multiple studies show that the vaccines have killed 150,000 Americans so far.** More than 10 different analyses show that approximately 150,000 Americans have been killed by the vaccines. These analyses have not been disproven despite a \$1M reward for any scientist who does so.

**3. There are safer, more effective options available.** Early treatments are faster, safer, cheaper, and more effective (over 99% for all variants). Virtually no one hospitalized for COVID today was treated with a proven early treatment protocol. Unlike the vaccine, nobody dies from these treatments.

**4. The required safety testing still has not been done.** The proper testing still hasn't been done. We don't know if the vaccine will make people more susceptible to COVID infections through antibody dependent enhancement (ADE) and/or linked-epitope suppression ("original antigenic sin"). No study to date has covered the span of a single human gestation cycle. We know the spike protein is associated with Lewy bodies which are associated with prion diseases like dementia.

**5. No open forum to resolve the concerns of qualified scientists who have safety concerns.** The CDC and FDA refuse to engage in discussions with top scientists, such as Robert Malone, inventor of the mRNA vaccine, to discuss the fatality and VAERS analysis in a public forum. The CDC and FDA refuse to see the evidence that is contrary to the "safe and effective narrative."

**6. No autopsies.** There have been no autopsies of anyone dying after getting the COVID vaccine. This is troubling since one of the world's top pathologists did such a study on 40 patients who died within 2 weeks after vaccination and found that at least 30% to 40% were killed by the vaccine. Despite the availability of robots that perform autopsies that include blood analysis, either none have been performed, or else they have been withheld from the public.

**7. Clinical trial fraud.** There was clear fraud in the Phase 3 Pfizer trial where at least one participant, 12-year old Maddie de Garay, was paralyzed less than 24 hours after receiving the vaccine. The FDA promised to investigate and did nothing.

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Today, Maddie cannot feel below her waist, cannot walk unassisted, cannot hold her head up, and must eat through a feeding tube. There were only 1,131 children in the treatment arm. One child in 1,131 being paralyzed is unacceptable to mitigate a potential risk that is close to zero.

For supporting data for all the points above, [see this 250 page document:](http://www.skirsch.com/covid/Refuse.pdf)  
<http://www.skirsch.com/covid/Refuse.pdf>

I have been warning people and want to provide a report & analysis that implies 20-100X more deaths from "Covid vaccination" in children than deaths from Covid19 in the same location which obviously has implications for the vaccine debate. Although study authors do not offer a firm and unambiguous opinion on the topic, it seems clear to me they do not support mandatory vaccines for an age cohort that their study proves has almost zero risks of dying from COVID. Harmful health effects possibly caused by vaccination in young people were not a subject of analysis; however, myriad concerns exist and have been documented in various domestic and international reports.

For example, several credible reports strongly suggest a correlation between vaccination and cases of myocarditis and pericarditis in the age cohort teenager to early 20s. This apparent "elevated risk" is particularly striking among young males.

Indeed, it seems possible the incidence of myocarditis among fully-vaccinated young males might be as high as 1 in 3,000 (0.033 percent). Even if the incidence of myocarditis is much rarer than these early findings indicate, this risk would still be orders of magnitude greater than the 1-in-2-million (0.0001) risk of death that COVID poses to healthy young people." <https://uncoverdc.com/2021/07/30/for-majority-of-uk-children-covid-mortality-is-0-000/>

Governments are claiming they are doing all this "to protect the health of the citizens" however, the above study shows that the injection of children poses them a much greater risk of heart damage or even death than Covid-19. The magnitude of greater risk of heart damage or even death has been estimated to be between 50 & 100 times greater for injection of children than Covid-19

I emphatically agree with the public testimony of Dan Stock, MD, a family-practice physician in Noblesville, Indiana, who testified on August 7, 2021, before the local Mt. Vernon School Board. His presentation immediately went viral – and for good reason.

### The Testimony of Dr. Dan Stock:

"Dr. Dan Stock 5777 W. 700 N. McCordsville IN. 46055. To address your comment Jesus hardly ever believe 18 months into this and still having a problem. And I would suggest the reason we still have a problem.

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It's because we're doing things that are not useful and we're getting our sources of information from the inner State Board of Health and the CDC who actually don't bother to read science before they do this. Um, I'm actually a functional family medicine physician. That means I am especially trained in immunology and inflammation regulation and everything being recommended by the CDC and the State Board of Health is actually contrary to all the rules of science.

So, things you should know about coronavirus and all other respiratory viruses. They are spread by aerosol particles which are small enough to go through every mask. By the way the literature that supports all of that is in a flash drive that we presented to you has been given to the secretary. As a matter of fact, it quotes at least three studies sponsored by the NIH to that exact fact.

Even though the CDC and NIH have chosen to ignore the very science that they paid to have done. Um that is why you keep struggling with this is because you cannot make these viruses go away.

The natural history of all respiratory viruses is that they circulate all year long waiting for the immune system to get sick through the winter or become deranged as has happened recently with these vaccines and then they cause symptomatic disease because they cannot be filtered out and they have animal reservoirs.

And this is very important point. No one can make this virus go away. The CDC has managed to convince everybody that we can handle this like we did smallpox where we could make a virus go away. Small packs had no animal reservoir is the only thing that learned to infect with humans. That's why we're able to make that virus go away. That will not happen with this any more than it will with influenza. The common cold respiratory syncytial virus adds no viral respiratory syndromes or anything else that has animal reservoirs.

So, the reason you can't do this is because you're trying to do something which has already been tried and can't be done. Equally important is that vaccination changes none of this. Especially with this vaccine. And I would hope this board would start asking itself before it considers taking the advice of the CDC the NIH and the State Board of Health why we're doing things about this that we didn't do for the Common cold influenza or respiratory syncytial virus.

And then ask yourself why is a vaccine that is supposedly so effective Having a break out in the middle of the summer when respiratory viral syndromes don't do that. And to help you understand that you need to know the condition that is called antibody mediated viral enhancement. That is a condition done when vaccines work wrong as they did in every coronavirus study done in animals on coronavirus is after the SARS outbreak and done in respiratory syncytial virus. Where a vaccine

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used in a vulnerable individual done the wrong way, which cannot be done right for a respiratory virus, which has a very low pathogenesis rate causes the immune system to actually fight the virus wrong and let the virus become worse than it would with native infection.

And that is why you are seeing an outbreak right now. In fact, in that flash drive you're going to have coming to you and in the emails with six extra will be a study showing that 75% of people who had Covid-19 positive symptom cases in Barnstable Massachusetts outbreak were fully vaccinated. Therefore, there is no reason for treating any person vaccinated any differently than any person unvaccinated. You should also know that no vaccine, even the ones I support and would give to myself and my children ever stops infection.

In 2014 there was outbreak of mumps in the National Hockey League. The only people who came down the symptoms for the people who are unvaccinated or unknown vaccine status boy, that sounds like a great argument for vaccines, but a question you should ask yourself knowing that half of the people who came down with symptomatic disease had no contact with an unvaccinated or unknown vaccine status individual.

Where did they get the disease? And the answer was from the vaccinated individuals. No vaccine prevents you from getting infection. You get infected, you shed pathogen. This is especially true of viral respiratory pathogens.

You just don't get symptomatic from it. So, you cannot stop spread. You cannot make these numbers that you've planned on get better by doing any of the things you're doing because that is the nature of viral respiratory pathogens and you can't prevent it with a vaccine because they don't do the very thing you're wanting them to do and you will be chasing this the remainder of your life until you recognize that the Center for Disease Control and the Indiana State Board of Health are giving you very bad scientific guidance and instead read the articles that are going to come on the email and on this flash drive and listen to the people in this audience here tonight who actually recognized the advice they are getting from the CDC and NIH is counterfactual and that's why you're still fighting this with this vaccine.

That supposedly was going to make all this go away. But it suddenly managed to make an outbreak of Covid-19 develop in the middle of the summer when vitamin D levels are at their highest by the way the other thing that we've necessary any vaccine restriction to be considered as if there were no other treatment available. And I can tell you having treated over 15 Covid-19 patients between active loading with vitamin D. Ivermectin and Zinc that there is not a single person who has come anywhere near the hospital. And we already have studies that show that if you achieve a 25-hydroxy vitamin D level greater than 55 your risk of Covid-19 death will drop down to one quarter of the population average for the United States. And

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there are active treatment trials included on that flash drive. But this show the same is true.

So, if you were going to discriminate based upon vaccine, you should also discriminate based upon 25 hydroxy vitamin D. Level, zinc, taste test response and probably previous infections since they're also studies that flash drive that show that people who have recovered from Covid-19 infection actually get no benefit from vaccination at all, no reduction in symptoms, no reduction in hospitalization and suffer 2 to 4 times the rate of side effects if they are subsequently vaccinated.

Therefore, the policies that you are basically using are totally counterfactual. I don't blame this board for that because I know you aren't scientists and you thought it was reasonable to listen to the CDC NIH and the Indiana State Board of Health. But I would encourage that. Instead, you listen to the people out here in this audience and read what's on that data drive and if anybody here in this board has any questions about anything on that, I will happily come back and sit with you individually if you would like to explain the science behind this and if you're worried about being sued by somebody because you don't follow the guidance of the CDC and the NIH. I will tell you have a free pro bono expert testimony at your disposal. I will testify in defensive of this board, turning down all these recommendations for free at any time in any court. Thank you, Thank you. Thank you. The video: <https://rumble.com/vkw3wt-more-covid-facts-the-cdc-and-biden-administration-doesnt-want-you-to-hear..html>

One issue of corruption I see is the failure to give true informed consent about the risks of antibody-dependent enhancement (ADE). My colleagues and I unanimously agree that informed consent needs to explain to people the risk of ADE.

see: <https://pubmed.ncbi.nlm.nih.gov/33113270/> **Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease- Aims of the study:** Patient comprehension is a critical part of meeting medical ethics standards of informed consent in study designs. The aim of the study was to determine if sufficient literature exists to require clinicians to disclose the specific risk that COVID-19 vaccines could worsen disease upon exposure to challenge or circulating virus.

**Methods used to conduct the study:** Published literature was reviewed to identify preclinical and clinical evidence that COVID-19 vaccines could worsen disease upon exposure to challenge or circulating virus. Clinical trial protocols for COVID-19 vaccines were reviewed to determine if risks were properly disclosed.

**Results of the study:** COVID-19 vaccines designed to elicit neutralising antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral

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spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.

**Conclusions drawn from the study and clinical implications:** The specific and significant COVID-19 risk of ADE should have been and should be prominently and independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent.

I do not have time to type it all out and transcribe the following video but in my opinion it is the clearest, most comprehensive, compelling and urgent explanation and presentation you can find online concerning the *proven* and *demonstrated* dangers of vaccination, not just for some but for all who have been injected. The Highwire with Del Bigtree deserves monumental thanks for this work; this is real journalism, at its finest. <https://rumble.com/vlve7n-are-we-starting-to-see-a.d.e..html?mref=pli5w&mc=8pz1j>

I will end with the problem of WHO & UN aligning with Big Tech and media worldwide in to censor doctors and attack us by calling scientific truth that would show ordinary procedures and treatments work to save lives better than the vaccines “misinformation”. I am the chief scientific advisor to Americas Frontline Doctors and I helped found Doctors For Covid Ethics, with 180 world class experts. Americas Frontline Doctors had the entire website taken down simply because we are all telling the truth and going against the official narrative which is draconian. We can't seem to break through the lies and propaganda because we keep getting censored. We are now being persecuted and defamed. As doctors we have the right to offer informed medical opinions on COVID-19 and to discuss the available evidence on COVID-19 interventions.

As doctors & scientists we too have advised and continue to advise patients and the general public about the medical management of COVID-19 disease and vaccination on the basis of good science. As members of the public we reserve the right to receive honest information, opinion and advice from our doctors, free from government interference.

I questioned the evidence base for the government's policies of lockdowns and mask mandates, and pointed out that there is evidence of vaccines having low effectiveness and real risks and harms (which are being suppressed), along with harms from the totalitarian lockdowns causing massive damage society-wide.



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The risk of Antibody Dependent enhancement of disease, predicted by a number of immunologists, driven by immune escape from the selective evolutionary pressure of vaccinating with a non-sterilizing agent is a real and present danger and needs to be discussed. The danger to millions is distressing to me, and discussing that danger is, I believe, unarguably in the public interest.

Over the last 18 months I have been increasingly concerned about the misinformation and censorship creeping into science and medicine. Fellow physicians were saving lives with early treatment and medication/supplement approaches to prevention but it was THIS that was attacked and censored! People like myself, Dr Paul Marik, Dr Pierre Kory of the FLCCC Alliance, Dr Robert Malone, Dr Roger Hodkinson, Dr Vlad Zelenko and others are making credible and serious warnings about the gene therapy being coerced upon our populations.

Censoring their work, and the research of experts like Dr Tess Lawrie, Dr Peter McCullough, Dr. Sucharit Bhakdi and America's Frontline Doctors is dangerous.

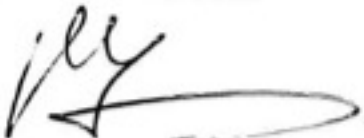
The WHO program to combat misinformation and rumors mentioned in the WHO "covid-19 strategic guidance" and the "trusted news initiative" with BBC, Reuters and other major media are censoring and attacking doctors like myself, who share data which questions the official narrative. I don't believe that censorship is compatible with good science and good medicine, and I believe that it needs to stop now, in the name of public health and public interest.

I affirm under the penalty of perjury the foregoing is true and correct and I will testify in open court if called to do so.

Respectfully,

Dr. Michael Yeadon,

September 2, 2021



Es autentica:

Quiros



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