

CoVid Articles: Compilation for 2021

Covid - Adapt, Don't Fight Campaign

This is our Covid Zone campaign page that links you to all the content we've created and published on our website as it relates to Covid-19 since 12 March 2020.



<https://www.anhinternational.org/campaigns/covid-adapt-dont-fight-campaign/>

Foreword

I felt compelled to edit this collection of articles as a highlight of the actions taken by this government and global impacts of Covid policy. It has offered a road-map of actions and inactions taken by ministers and 'experts' endorsed by private political policy and I ask you to consider the history of this blight and its impact on the wellbeing, mental health and isolation of the people.

We are ruled by consent with your health on the line. Are you happy with the response to this emergency or does the approach outweigh the risks?

I encourage you to reflect, reason and critically evaluate the approaches for an informed opinion. People over profit in public health.

John Horsfield

'I'm a consultant Health Psychologist who divides his time between research/writing, design/editing and teaching/troubleshooting.'

<https://independent.academia.edu/retroreloader>

<https://open.academia.edu/johnhorsfield>; <https://www.researchgate.net/search/publication?q=john%2Bhorsfield>; <https://www.researchgate.net/profile/Eric-Horsfield>

<https://scholar.google.co.uk/citations?user=ZrPwRtMAAAAJ&hl=en>; https://www.amazon.co.uk/s?i=digital-text&rh=p_27%3AJOHN+HORSFIELD

Group Director of the Alliance Research Group.

Hearts and Minds Media (heartsmmedia.com) - social change through talks, documentaries and research.

Return learn gaming - Promoting Positive games & media (returnlearn.com)

Retro Reloader - Educational designs (retroreloader.com) to inspire.

Open faith thinking (jesusaviour.com) - Resources for thinking about faith perspectives.

Full list of Articles included:

- 08 Dec 2021** [What's in the jabs they're so desperate to give us?](#)
- 08 Dec 2021** [Natural early home treatment protocol](#)
- 08 Dec 2021** [Covid bites \(week 49/2021\)](#)
- 01 Dec 2021** [Is Omicron as ominous as they say?](#)
- 01 Dec 2021** [Vanden Bossche selection pressure in plain English](#)
- 01 Dec 2021** [Covid bites \(week 48/2021\)](#)
- 25 Nov 2021** [Unravelling Covid nonscience](#)
- 25 Nov 2021** [Covid bites \(week 47/2021\)](#)
- 17 Nov 2021** [An Uncensored Covi-sation with McCullough, Vanden Bossche & Verkerk](#)
- 17 Nov 2021** [World's leading ICU doc goes legal on his hospital](#)
- 17 Nov 2021** [Covid bites \(week 46/2021\)](#)
- 11 Nov 2021** [Feature: The scientific case for an immediate halt to covid 'vaccination' of children](#)
- 11 Nov 2021** [Is there a common solution to our planetary & health woes?](#)
- 11 Nov 2021** [Covid bites \(week 45/2021\)](#)
- 03 Nov 2021** [Affordable vitamin C for covid](#)

- 03 Nov 2021** [NHS disinformation campaign against vitamin C](#)
- 03 Nov 2021** [Covid bites \(week 44/2021\)](#)
- 29 Oct 2021** [The shadowhand of global lockstep media](#)
- 29 Oct 2021** [Covid bites \(week 43/2021\)](#)
- 20 Oct 2021** [Medical apartheid fractures best practice medicine](#)
- 20 Oct 2021** [Let the numbers do the talking...](#)
- 20 Oct 2021** [Covid news roundup \(week 42/2021\)](#)
- 14 Oct 2021** [FEATURE: How safe are covid 'vaccines'? \(Part Two\)](#)
- 14 Oct 2021** [Is fear inducing learned helplessness?](#)
- 14 Oct 2021** [Covid news roundup \(week 41/2021\)](#)
- 07 Oct 2021** [FEATURE: Latest snapshots of a moving target of a 'pandemic' \(Part One\)](#)
- 07 Oct 2021** [Covid news roundup \(week 40/2021\)](#)
- 29 Sep 2021** [Unbreaking Science | James Lyons-Weiler interviews Rob Verkerk](#)
- 29 Sep 2021** [Covid news roundup \(week 39/2021\)](#)
- 22 Sep 2021** [Has your TerRAIN gone off the rails?](#)

- 22 Sept 21** [Covid news roundup \(week 38/2021\)](#)
- 15 Sep 2021** [There's never been a better time to transform our health](#)
- 15 Sep 2021** [Big News! World Council for Health launches this week](#)
- 08 Sep 2021** [What the mainstream isn't telling us about the pandemic](#)
- 08 Sep 2021** [Introducing the ENOUGH movement - are you in?](#)
- 08 Sep 2021** [Covid coercion pushback gathers momentum](#)
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- 03 Sep 2021** [Six questions you've been dying to ask](#)
- 25 Aug 2021** [Do you want to FORM-alise your COVID-19 injection exemption?](#)
- 19 Aug 2021** [Rob's 'postcard' from Greece](#)
- 04 Aug 2021** [The silencing of dissenters](#)
- 28 Jul 2021** [Is medicine as we know it a dead duck?](#)
- 28 Jul 2021** [Worldwide rally for freedom - one day - everyone together](#)
- 22 Jul 2021** [ANH Founder's Appeal: Human 2.0 wake-up call from nature](#)
- 22 Jul 2021** [It's time for the world to celebrate, not denigrate, ivermectin](#)
- 15 Jul 2021** [Walk & Talk: Which rollercoaster ride are you going to choose?](#)

- 15 Jul 2021** [The corruption of science through the suppression of dissent](#)
- 07 Jul 2021** [Vaccines, variants, vitality and a crystal ball](#)
- 01 Jul 2021** [From 'Pandemic' to 'Pandemic of Variants'](#)
- 01 Jul 2021** [Your Right to kNOw: Where the rubber meets the road](#)
- 01 Jul 2021** [Unite for Freedom](#)
- 23 Jun 2021** [Speaking Naturally with Dan Astin-Gregory](#) (host of the
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- 23 Jun 2021** [Ivermectin: the tall poppy they don't want you to hear about](#)
- 16 Jun 2021** [Why I won't consent to having my daughter covid vaccinated](#)
- 16 Jun 2021** [Your Right to kNOw: For kid's sake](#)
- 10 Jun 2021** [Speaking Naturally with Ronnie Cummings](#)
- 03 Jun 2021** [Secret study reveals mRNA vaccines circulate in our
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- 03 Jun 2021** [Your Right to kNOw: Patient champions speak up](#)
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- 26 May 2021** [Your Right to kNOw: Legal implications](#)

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- 19 May 2021 [Flying blind: why we know so little about the real danger posed by the coronavirus](#)
- 13 May 2021 [Your Right to kNOw campaign launch!](#)
- 13 May 2021 [Autoimmune disease - a hidden pandemic within a pandemic](#)
- 13 May 2021 [Global opposition to vaccine programme grows](#)
- 05 May 2021 [ANH prepares for campaign to stop discrimination against the autoimmune](#)
- 05 May 2021 [Big Tech censorship demands work-arounds](#)
- 05 May 2021 [Guest article: QUAT are we doing to our children's health?](#)
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- 15 Apr 2021 [The ANH 'Who Wants To Be Covinformed?' Gameshow](#)
- 15 Apr 2021 [UK docs and nurses speak out, get censored, then threatened](#)

- 08 Apr 2021** [Why we need more eggs in the covid basket](#)
- 08 Apr 2021** [Informed consent, vax passports and blood clots: Easter interview with Rob Verkerk PhD](#)
- 31 Mar 2021** [The never-ending story of lockdowns and vaccines - Dr Knut Wittkowski reflects](#)
- 31 Mar 2021** [Vanden Bossche, vaccines and variants – where are we now?](#)
- 31 Mar 2021** [Why we need to stand together and reject vaccine passports](#)
- 24 Mar 2021** [Speaking Naturally with Dr Geert Vanden Bossche](#)
- 24 Mar 2021** [Pandemic stress - why it will affect us for decades to come](#)
- 18 Mar 2021** [ANH-Intl Feature: Geert vanden Bossche – conspiracy theorist, conspirator or prophet?](#)
- 18 Mar 2021** [Playing poke\(r\) with our kids](#)
- 11 Mar 2021** [Covid tests in school could harm or mislead](#)
- 03 Mar 2021** [Have your say on UK digital trust framework](#)
- 03 Mar 2021** [Founder's blog: The fear that makes us stupid](#)
- 24 Feb 2021** [Revisiting the Great Reset](#)
- 17 Feb 2021** [ANH-Intl Feature: Are we lighting the fuse of an autoimmune time bomb?](#)
- 17 Feb 2021** [Could you be forced to have a covid vaccine?](#)

- 10 Feb 2021** [Too few irons in the fire or out of the frying pan?](#)
- 04 Feb 2021** [PandemKids: collateral devastation of a generation?](#)
- 04 Feb 2021** [Founder's Q&A](#)
- 27 Jan 2021** [Informed consent - is this fundamental right being respected?](#)
- 27 Jan 2021** [The 'great reset' for the immune and metabolic systems](#)
- 20 Jan 2021** [ANH Feature: Searching for answers in the brave new world of covid vaccines](#)
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Is there more than one path to herd immunity?

A natural health perspective

Date: 14 January 2021

Free speech in the Western world – especially as it relates to scientific or medical matters concerning the current pandemic has never been so threatened.

Herd immunity is the very thing we need to release us from our respective house arrests – yet we're not being allowed to talk about it. Scientists and doctors around the world are being censored on social media unless they restrict their communications specifically to the view that vaccines are the only way that herd immunity can be achieved in relation to SARS-CoV-2.

That's patent clap-trap and even the World Health Organization has been forced to admit that herd immunity can be achieved either by naturally-acquired infection or by vaccination (updated 31st December 2020) – it has simply indicated its preference for the latter.

In this vein, we are releasing both a video and a series of Q&As below dealing with this thorny issue. We've deliberately kept our discussion as uncontroversial as we can – but we felt it was imperative to communicate it because some of the principles behind it are not well understood.

We've initially take the punt by releasing the video on YouTube – that's how uncontroversial we believe the information is scientifically. Politically, of course, it's another thing – and time will tell if we need to route all views to the video via another platform.

Please share widely. We advise that you try to share this article, not only the video from YouTube, so that if we have to change the platform on which the video plays, people will still find it on our website. Thank you.

[Q&A with Rob Verkerk PhD on herd immunity](#)

1. What is herd immunity – can it only be achieved with vaccines?

To start we need to make sure we distinguish between covid-19 disease and infection by SARS-CoV-2, the virus that causes covid-19. These two things are often mixed up creating confusion for many people – including politicians. The reality is that SARS-CoV-2 is becoming more and more widely distributed, in fact it's now almost ubiquitous having been found in waste water and sewerage systems around the world. It also shows up in hospitals where large numbers of people in the northern hemisphere tend to be very ill at this time of year and if they die and are found to also be infected with the virus their deaths are generally put down to covid-19 when, in fact, the virus may not have been the primary cause of death.

The World Health Organisation has [most recently defined herd immunity](#) in its 30th December 2020 update as follow:

'Herd immunity', also known as 'population immunity', is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. WHO supports achieving 'herd immunity' through vaccination, not by allowing a disease to spread through any segment of the population, as this would result in unnecessary cases and deaths.'

You'll notice this definition recognises that herd immunity may be achieved either through naturally acquired infection or by vaccination. The reality is despite the fact that vaccination is often claimed to be the primary reason why many infectious diseases like smallpox and TB have declined the science would suggest otherwise. For as long as humans have been around naturally acquired herd immunity has always been the key process driving the interaction between human populations and the microorganisms with which we coexist of which only a tiny number cause disease and usually only in specific circumstances.

2. What makes someone more immune or more susceptible?

Everyone fits into one of three groups. Either you're part of a fully susceptible population who have no prior immunity, are highly vulnerable and this is made worse if you're also at risk of exposure to a high viral load. The second population type is those who are partially immune or tolerant. They may have had prior exposure to closely related coronaviruses such as those causing the common cold and they might have some persisting immunity from them, they may be in a lower vulnerability category and if they do get sick generally their symptoms tend to be quite mild and can easily be managed without hospital intervention. The third group are those who are fully immune. We can think of these people as being resistant to the pathogen and as more tolerant. They probably have had prior exposure to SARS-CoV-2, with the immunity that they got from that infection, that they probably didn't even notice, and which has continued to give them immunity and they don't have underlying vulnerabilities. Either they don't become infected at all or they are entirely asymptomatic.

During the course of an epidemic or pandemic the relationship between these three population groups will change, with the susceptible population getting smaller. People will go down one of 3 routes: they'll either die if they're highly susceptible, or they might become partially immune and some, over time, can become fully immune. All of this will decrease what is known as the effective reproduction number, the R number. The most unfortunate thing is those that are most likely to die are usually both those who are most susceptible and those who are exposed to the highest viral loads, who are unable to receive the optimum treatment either in hospital settings or care homes.

Making matters even more complicated is we now have a much more complex pattern of causation, because people are not just dying of the virus. They're dying from medical neglect, loneliness, depression, lack of purpose, a sense of isolation and many other factors that have become associated with the national and global response to the pandemic.

3. What does our immune system actually do to make us more immune?

If you're fully immune, your body likely mounts such a strong innate immune response that virtually no virus enters your body at all and there is no significant replication of the virus in your body. You might also mount a slower slightly less competent immune response but your adaptive immune system comes to the party albeit a few days later and gets on top of the infection before it causes severe covid-19 disease.

There are a whole range of immune cells and compounds that your immune system uses to protect you from SARS-CoV-2 infection, including interferon, natural killer cells, dendritic cells, macrophages, B cells, neutralising antibodies and cytotoxic and memory T cells.

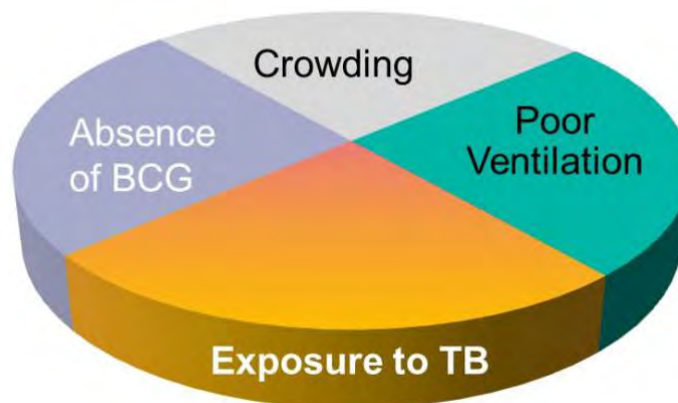
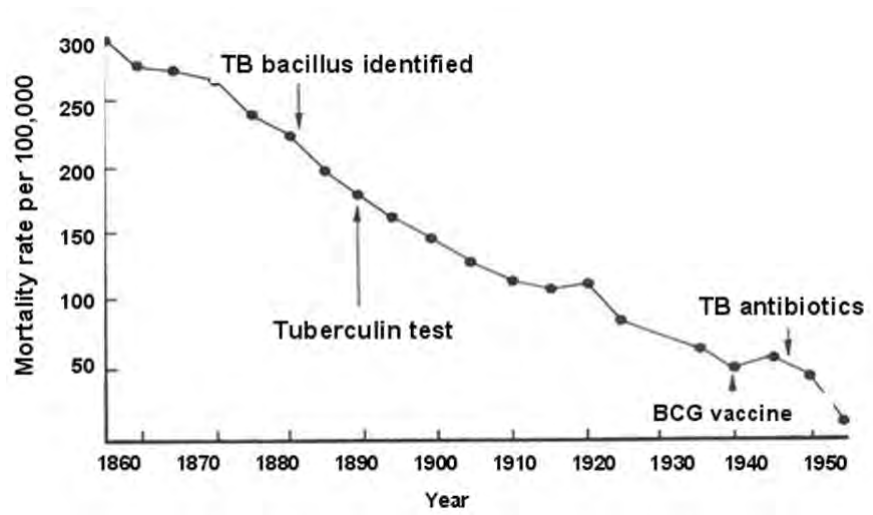
It's important to appreciate that it is your memory T-cell immunity that gives you the longest time protection and is particularly important once your humoral immunity conferred by antibodies has subsided.

4. When does a pandemic or epidemic end? Is it something that can come back?

It's important to appreciate that in an epidemic or pandemic, the proportion of the three populations (susceptible, partially immune and fully immune), as well as those who might die directly or indirectly as a result of the pathogen, is in a dynamic state – it's always changing. It's most dynamic in the early stages of an epidemic. It will develop more of an equilibrium over time – but certain triggers can cause it to wax or wane. In some cases, the pathogen may more or less completely disappear – as we've seen with smallpox.

The point at which the epidemic starts to decline – when the effective reproduction rate is below 1, is what's known as the herd immunity threshold.

Vaccination is actually one of many components that can influence the decline of an infectious disease. This has been really well studied with many diseases and doctors and scientists at the Boston University School of Public Health have developed what they call a [sufficient-cause component model](#) that's a useful way of looking at the problem. It has shown for example that TB related mortality was on a continuous decline in the USA from the late 19th century. Even the arrival of the BCG vaccine and TB antibiotics, both of which are often held out as being the real saviours, didn't significantly impact the general decline of the disease that is still rampant in other parts of the world, principally less developed countries.



5. How do you know when herd immunity is achieved?

The classical formula developed in the 1970s is widely used to develop the herd immunity threshold.

It looks like this:

$$R = (1 - p_c)(1 - p_i)R_0$$

Where:

- R is the effective reproduction number
- p_c is the relative reduction in transmission rates due to non-pharmaceutical interventions
- p_i is the proportion of immune individuals
- R_0 is the basic reproduction number (i.e. fully susceptible population with no control measures)

If R is 1 or less, the HIT is said to have been met, and the epidemic will theoretically decline. Assuming an R_0 of 2.0- 3.0, this formula suggests that 60-70% of the population need to be

immune for the HIT to be achieved. That's why this number gets bandied about as the target for covid vaccination programmes.

The problem with this formula is that it assumes immunity is distributed evenly through a given population and that mixing is random. It turns out both are often untrue. Also immunity to Covid-19 disease is often measured only via antibodies and not T cell reactivity so it is often under-estimated in studies. Some scientists argue that the HIT can be met when only 10-20% have effective immunity.

You can find out more about this very important area in the following articles:

- [Fontanet & Cauchemez. *Nat Rev Immunol* 2020; 20: 583–584](#)
- [Doshi P. *BMJ* 2020;370:m3563](#)
- [Spelsberg A, Kiel U. *BMJ* 2020;370:m3563](#)

6. What role does vaccination play?

Covid-19 vaccines either expose you to an antigen, in this case either a synthetic gene sequence that's common to the SARS-CoV-2 virus that's delivered inside a genetically modified, non-replicating chimpanzee common cold virus (AstraZeneca) or they make your muscle cells produce the antigen sequence having been given the instructions to do this by a synthetic messenger RNA sequence (Pfizer and Moderna).

The aim of vaccination is try to reduce the size of the susceptible population and get vaccinated people to produce an immune response that is similar to that which results following naturally-acquired infection without causing severe disease or harm

The presence of the foreign antigen sequence causes your body to mount an immune reaction, including neutralising antibodies and T cells. T cells, that provide the longest lasting immunity, as well as many other aspects of the innate and adaptive immune system which have not been studied in Phase 3 clinical trials of the emergency authorised covid vaccines. It's also very important to remember that the ability or otherwise of vaccinated individuals to transmit virus has not been studied in these trials. The Phase 3 trials are very much still ongoing so there is still much to learn about just how safe and effective these vaccines will be for different population groups.

7. What are your most important take homes at this time?

The first thing to recognise is that vaccination is only one strategy that can help achieve the herd immunity threshold (HIT) – and that's only if you have an effective vaccine that's working in the real world, particularly among those who are amongst the most susceptible. The jury's currently out on this but the data will come in over time.

Avoiding or reducing exposure to the virus (e.g. lockdowns, social distancing, masks) is only a short-term strategy and doesn't reduce the size of the susceptible population. It also causes extensive social, economic and health disruption and damage that may exceed the benefits – which of course has been the central plank of the [Great Barrington Declaration](#).

The herd immunity threshold is not only affected by reducing the size of the susceptible population by either letting the virus run its course or vaccination. It can also be achieved by reducing the size of the susceptible population by increasing, relatively, the size of the partially or fully immune population.

People's susceptibility to serious disease and death can also be greatly affected by improving the protocols being delivered in hospitals. And here it's necessary to mention the role of repurposed drugs like ivermectin – that when delivered either as prophylaxis or, often at much higher doses, for treatment with nutrients like vitamin D, vitamin C, zinc and melatonin, can deliver spectacular results – none of which are getting any airtime in the mainstream medical establishment or media. In fact there's a proactive effort to marginalise anything that's not vaccine related at the moment which is a travesty of good science.

>>> [Review of ivermectin](#) just published in *Frontiers in Pharmacology*

>>> Find out more about the [I-MASK protocols](#) by the Frontline COVID-19 Critical Care Alliance

Death in Europe and the US of A

Official data that gives us a different perspective on what's really going on

Date: 14 January 2021

Content Sections

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- [On the other side of the pond](#)
- [Where's the smoking gun?](#)
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You'll recall our position, and that of many others, that '[excess mortality](#)' is one of the few metrics that gives us a realistic view of the seriousness of the current pandemic. It tells us the amount of additional mortality over the number expected, generally based on the previous 5-year period.

Bottom line – as [EuroMOMO statistics](#) on excess mortality continue to show, there is no excess mortality in many of the 27 European countries who share information with EuroMOMO.

EuroMOMO countries in which there is currently no excess mortality include: Cyprus, Estonia, Finland, Ireland, Israel, Luxembourg, Malta, Norway, Northern Ireland, Scotland and Wales.

There is presently low excess mortality in: Denmark, Germany, Greece, Hungary, Italy, Netherlands, Spain and Sweden.

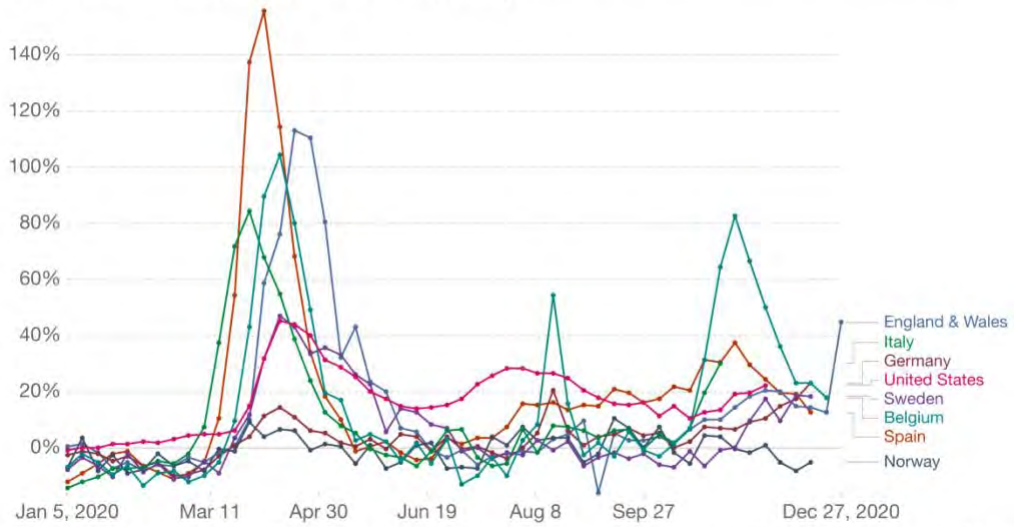
And finally, there is currently high excess mortality in just 22% of EuroMOMO partner countries, namely Austria, Belgium, Switzerland, Portugal, Slovenia and England.

This is a different viewpoint compared with the mass hysteria being projected by the mainstream media. Also the view that the current situation is 'as bad as' or 'worse than' the first wave is misplaced. You can see this in the chart below that we've created by selecting a few key countries from [Our World in Data](#) (Fig. 1).

Excess mortality during COVID-19: Deaths from all causes compared to previous years, all ages

 Our World
 in Data

Shown is how the number of weekly deaths in 2020 differs as a percentage from the average number of deaths in the same week over the previous five years (2015–2019). This metric is called the P-score. We do not show data from the most recent weeks because it is incomplete due to delays in death reporting.



Source: Human Mortality Database (2020), UK Office for National Statistics (2020) OurWorldInData.org/coronavirus · CC BY
 Note: Dates refer to the last day in each reporting week for most but not all countries. More details can be found in the Sources tab.

Figure 1. Excess mortality in selected countries since January 2020 to December 2020

England and Wales

Given the big peaks of the USA in the first wave and the England and Wales in the second wave, we've looked in more depth at these data.

Firstly, you'll see that in England and Wales (Fig. 2) there has been a higher total number of deaths than at any time since 1971

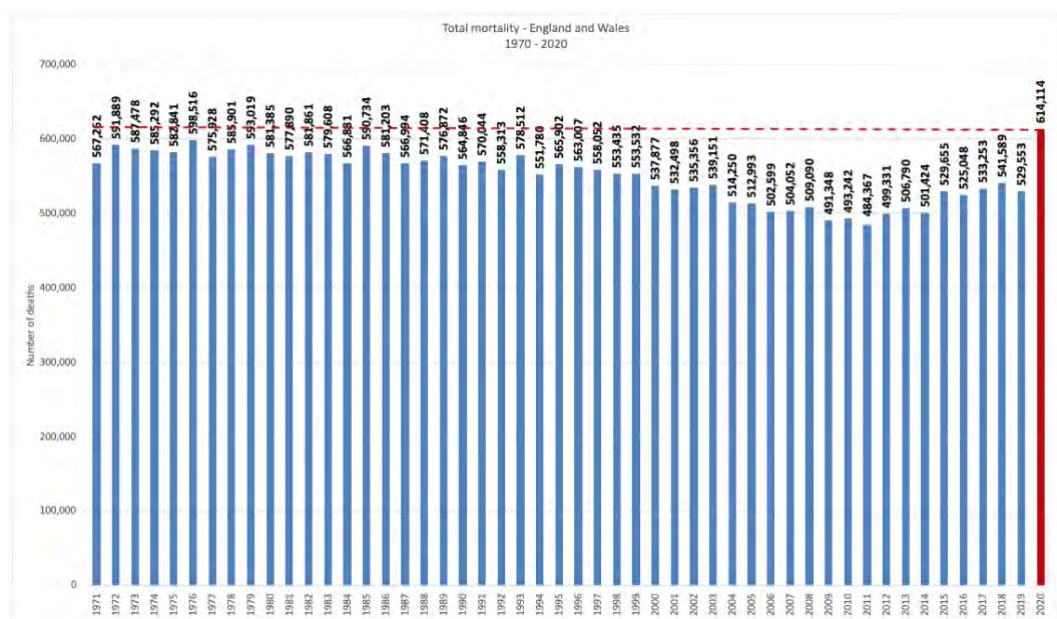


Figure 2: Total mortality for England and Wales by year, 1971-2020. Source data: Office for National Statistics

However, the population has grown during this time. So it makes more sense to look at mortality per 100,000 of population. We look at this in Fig. 3. Here you'll notice something very different to that which is being communicated in the mainstream media. If we look at the same period (1971 – 2020), apart from the dip in mortality per 100,000 population we've seen since 2003, the mortality in 2020 was lower than previous years. It also wasn't as exceptional as many politicians or media commentators would have you believe.

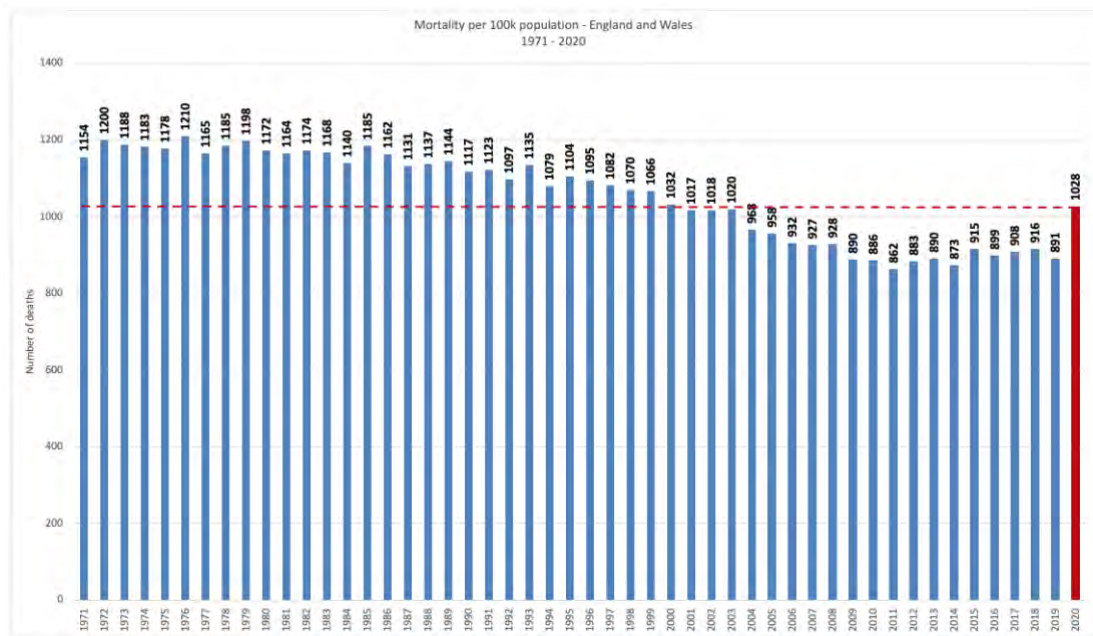


Figure 3: Mortality per 100,000 population for England and Wales by year, 1971-2020. Source data: Office for National Statistics

In the next Figure (Fig. 4) we look at the same official data for England and Wales, but we go back further in history and superimpose some of the momentous events like WW2 and pandemics dating back to the Spanish Flu of 1918-19. In that light, the spike of deaths linked to the Covid-19 pandemic of 2020-21 (at least in 2020) looks on par with some of the biggest disasters of the last 120 years.

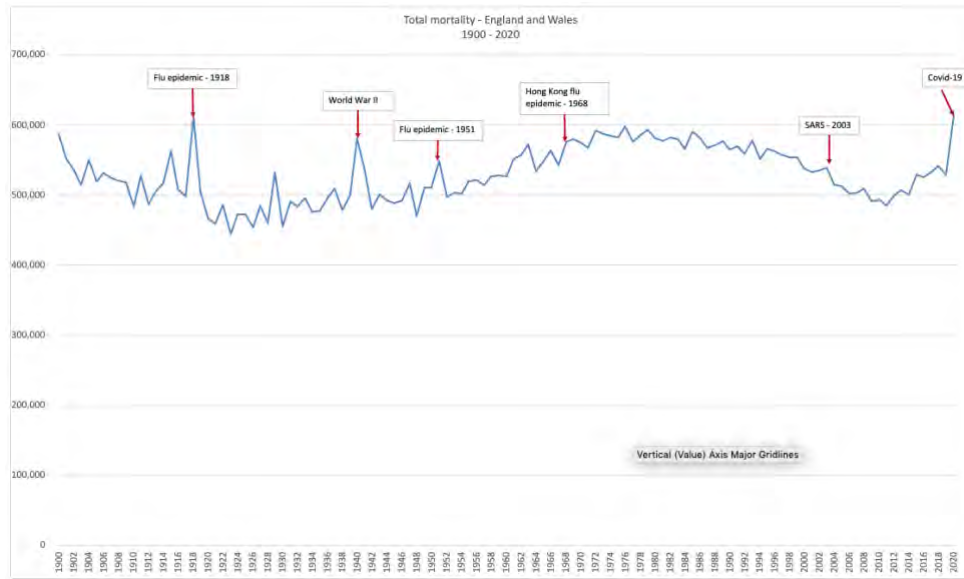


Figure 4. Total mortality in England and Wales: 1900-2020. Source data: Office for National Statistics

It's only when we factor out the increase in population over that time and observe the same data per 100,000 head of population that we can get a more realistic perspective on our current predicament (Fig 5). As you'll see, the purported 'epic' proportions of our current circumstances don't look anything like so bad.

The worst part of it, as we continue on our current journey, it will not be possible to apportion deaths only to the virus. Mortality linked to increasing incidences of depression, lack of opportunity, suicide, domestic violence, unemployment, social isolation, and all the other factors linked to the policies that have been implemented by our governments, will come into play.

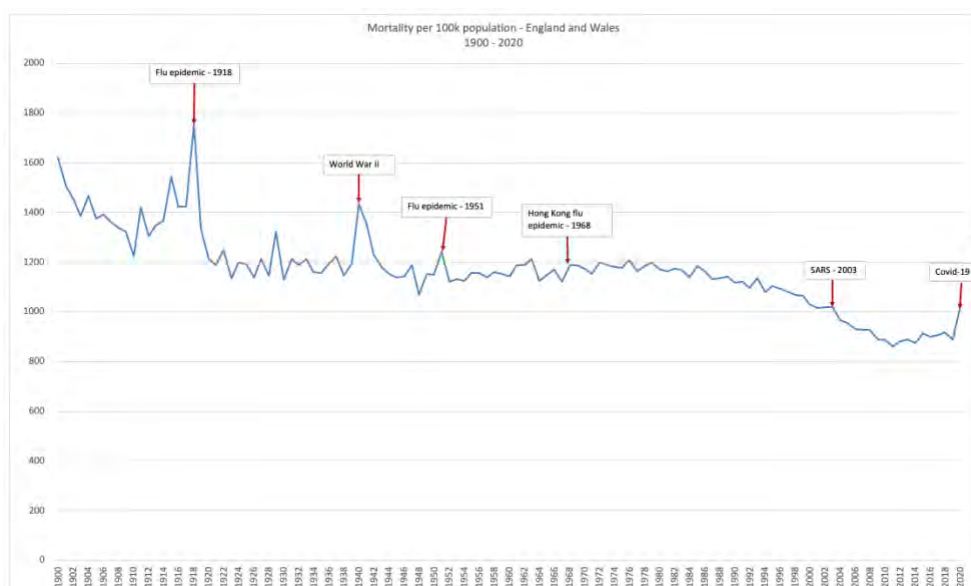


Figure 5. Total mortality per 100,000 population in England and Wales: 1900-2020. Source data: Office for National Statistics

On the other side of the pond

If we now look at the USA in the same way, the picture is somewhat different. In terms of total mortality, you see a similar picture with 2020 having the highest recorded mortality since 1979 (Fig 6).

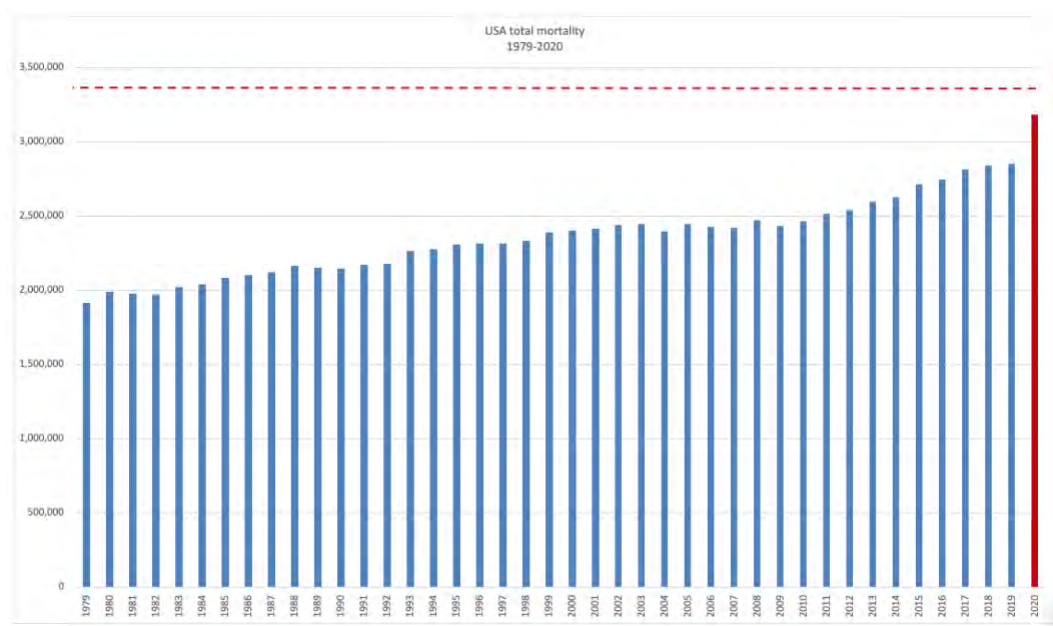


Figure 6: Total mortality for USA by year, 1979-2020. Source data: Centers for Disease Control

The big difference comes when we look at the mortality per 100,000 population (Fig. 7). Here, there is no getting away from the fact that 2020 in the USA is a very bad year for death – the worst since 1979. More to the point, it’s a trend of increasing mortality.

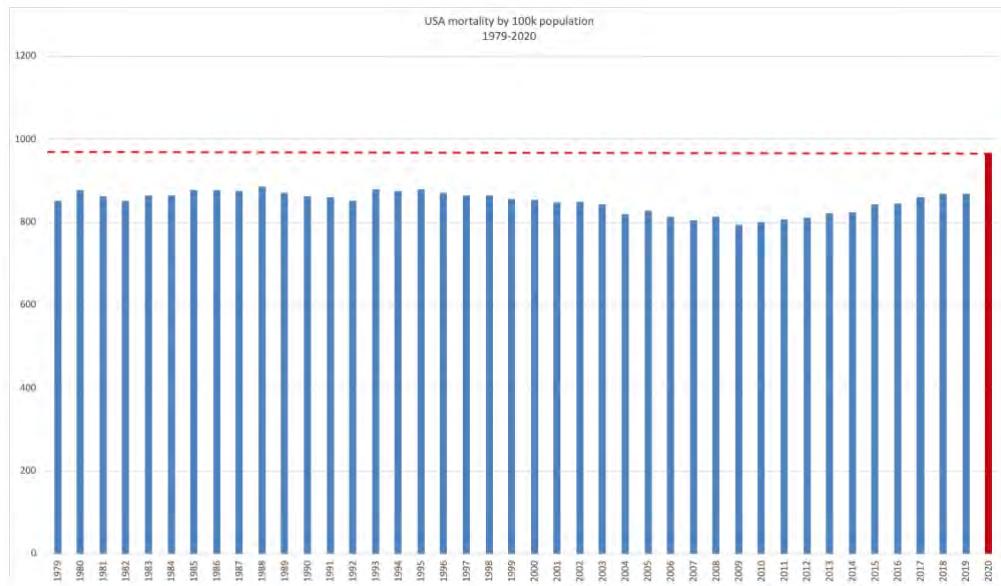


Figure 7: Mortality by 100,000 population for USA by year, 1979-2020. Source data: Centers for Disease Control

When you look at excess mortality (Fig. 8), we are again remind of the unfortunate picture faced by the US – it has faced excess mortality since the first wave hit in New York, then in the southern states, and subsequently worked its way across the country, the impact heightening as we move into winter and see covid-related deaths conflated with flu and pneumonia.

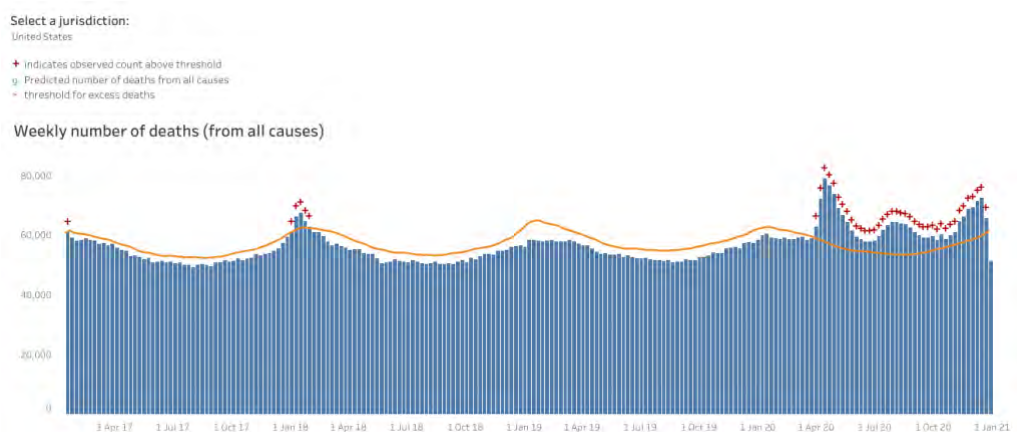


Figure 8: US excess deaths by week 2015-2020 Source: Centers for Disease Control

Where's the smoking gun?

What might be the drivers of this unfortunate situation? We're all tossed to looking for a culprit, the smoking gun, and don't spend enough time looking at ourselves. It's easier to blame the bullet from someone else's gun than it is the vulnerability of our own flesh.

Clearly mortality is multi-factorial, so the additional deaths cannot be apportioned only to the effect of one virus. It would be reasonable to theorise that the increasing levels of overweight and metabolic disease among the US population — and other 'victims' of the [standard American diet](#) coupled with sedentary lifestyles — are underlying drivers. So when a virus came along that was able to exploit unhealthy people — it had a field day, or should we say, a field year (at least).

On top of that, you have the additional sickness and accelerated death of those whose needs are no longer adequately served by the restricted existence and lost opportunities forced upon us by government policies. As the recently released UK [Recovery report shows](#), the indirect effects of lockdowns, social isolation and related measures are dire. Their effects, such as the inequalities they create in education, could last a lifetime.

With the perennial focus on [disease as opposed to health and resilience](#), society fails to see what many Americans and Europeans are capable of doing through self-care and enhancing their in-built capacity for resilience. Educating people who have yet to discover the wonders of natural health should be the focus of us all in these difficult times. It's becoming increasingly clear that governments will never participate in this process such is their linkage with corporations that are so ready to exploit the populace at large.

As the virus becomes more ubiquitous, it will be ever easier to apportion deaths to SARS-CoV-2. The focus on case rates will allow the pandemic to exist to eternity as low prevalence increases the rate of [false positives in PCR](#) and other molecular tests.

We need to get some perspective on what's really going on.

We hope this article and these graphs — all created by us at ANH-Intl using official data do just that: give you much needed perspective that the mainstream media and politicians are not currently affording the public.

Please share widely.

Zinc: the missing link?

ANH-Intl launches its 'Missing Zinc campaign'

Date: 20 January 2021

Zinc may be just the 24th most abundant element on our planet, but we're entirely codependent on it for our physiological function. Among its many roles, including in wound healing, facilitating the production of antioxidants (e.g. superoxide dismutase or SOD) that mop up free radicals and liver function, one of its most important is to support many different aspects of the immune system. It turns out, many of us are now deficient in zinc, with deficiency having more serious consequences for our immune system, the older we get.

Over the last few months we've learned that those who are deficient in zinc are at much higher risk of developing severe covid-19 disease. The Frontline COVID-19 Critical Care Alliance (FLCCC) were among the first frontline doctors to include zinc in its MATH+ protocol, with great success.

One drug that was trialled with some success (despite some media reports to the contrary), hydroxychloroquine, owes some of its effectiveness to its role as a zinc ionophore that helps force zinc into cells where it can exert its many modes of action in supporting our recovery from respiratory infections. There is now good evidence for the use of Ivermectin, an anti-helminth, as a prophylactic and treatment for covid-19 disease with the National Institutes for Health (NIH) having just green-lighted its use.

For the lowdown on zinc join ANH-Intl founder, Rob Verkerk PhD, in the video below:

<https://www.brighteon.com/e79a5b74-863f-4094-a5ab-9d240db91dd2>

ANH-Intl Feature: Searching for answers in the brave new world of covid vaccines

As mass vaccination scales up, we attempt to answer 8 common questions being posed by the public

Date: 20 January 2021 13

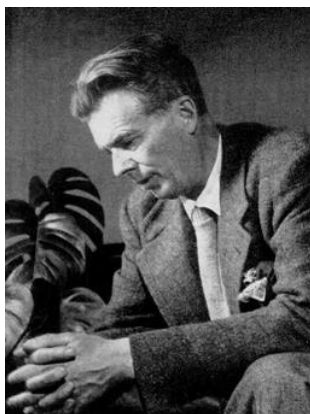
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By Rob Verkerk PhD; founder, executive & scientific director

Updated: 08 February 2021

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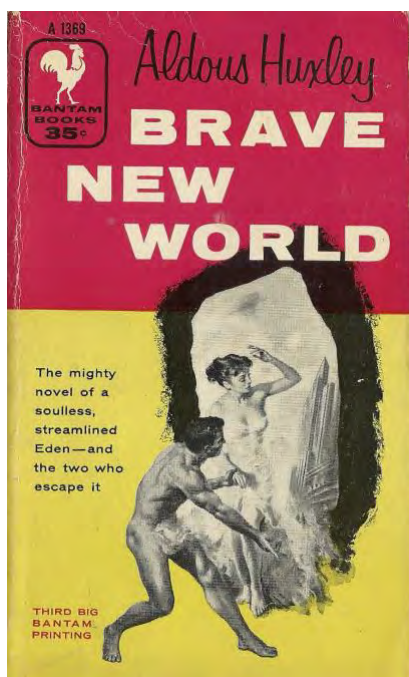
"Medical science has made such tremendous progress that there is hardly a healthy human left."-Aldous Huxley, author of Brave New World (1932)

With a widely-held intention by governments to [vaccinate 7 billion people](#) on the planet with experimental covid vaccines, consenting to vaccination – or not – is something nearly every one of us will have already considered, or will be currently considering. This article aims to

consolidate what we consider to be some of the most relevant available information that is currently available on risks, benefits and adverse events. It is usually interpretations of the balance between these factors that leads to confidence or hesitancy. As advocates of natural health, we believe now is not the time to blindly accept and trust what is offered without considering how much data is, or isn't, available, or the quality or relevance of those data.

We've approached this by trying to answer, in a manner that we hope both lay and professional people can understand, eight questions that are based on those our readers have been asking us. Where possible, we've referenced our data sources using hyperlinks. In many cases the data we would hope to have been able to access is just not available. Given the '[next generation](#)' [synthetic biology platforms](#) on which the experimental frontrunner vaccines are based, platforms that have never been rolled out at scale before, we cannot rely on historical safety and risk profiles of previous, more conventional vaccines. Having opened with an Aldous Huxley quote, it is time for another – as a reminder of the importance of critical thinking and properly informed decisions in the real, dystopian or utopian (take your pick) 'Brave New World'.

"People will come to love their oppression, to adore the technologies that undo their capacity to think"- Aldous Huxley, Brave New World (1932)



Q1. How many people?

The proposed 7 billion to be targeted represents some 90% of the current 7.8 billion people currently alive. It's a tall order. In itself, it's also an intention that might be worthy of revision, even if it is only on the much-publicised grounds that the covid-19 vaccines are being prioritised for older, more vulnerable people.



Putting aside any vulnerabilities caused by obesity or underlying diseases, we should remind ourselves that, based on our review of 2020 population data on [Our World in Data](#), 84% of the planet's population currently live in 'Less Developed Regions' (6.52 of 7.79 billion), such as Sub-Saharan Africa and southern Asia, while 41% of the world's population is an age category (under 25-years-old) that is widely viewed as not susceptible to serious covid-19 disease. More than that, globally, the most vulnerable populations are among those over 65-years-old, and these (727.5 million) represent just 9% of the world's population.

Looking now at the 1.27 billion living in 'More Developed Regions', only 246.6 million are in the over-65s. The population of Europe and North America that is currently prioritising covid vaccination, only represents 14% of the global population and the over-65s in this region, equates to just 3% of the global population.

Q2. How many vaccines?

Many people have become familiar with 3 vaccines, all based on novel, ['next generation', rather than 'classical', platforms](#). Two of them are messenger RNA (mRNA) based, one by [Pfizer/BioNTech](#), the other from [Moderna](#). These contain a synthetic sequence of messenger RNA that is concealed within novel lipid nanoparticle delivery systems that, after entering the ribosomes (that house the transcription machinery of the cells) of the muscle cells into which the vaccine is injected then instruct the muscle cells to produce a copy of the spike protein of the virus. In essence, it means that the human body becomes the vaccine factory and there is no longer a need to grow the virus on hens' eggs, the current production system [still widely used](#) for many more classical vaccines like the seasonal flu vaccine.

The third frontrunner is the Non-Replicating Viral Vector vaccine by the [AstraZeneca/Oxford University group](#), using a genetically modified (non-replicating) chimpanzee common cold Trojan horse into which is inserted a synthetic sequence of spike protein of the SARS-CoV-2 virus.

However, according to the World Health Organization's Draft landscape of [COVID-19 candidate vaccines](#) there are currently 64 candidate vaccines in clinical development with a further 173 in pre-clinical development, these relying on 8 different vaccine platforms in addition to the two already relied on by the 3 frontrunners. Most (31%) rely on the more

conventional protein subunit platform that has been widely used for seasonal influenza vaccines.

Many will likely not make it through to commercial release – but expect a few more to join the first three out of the dock in the coming months and years.

Q3. What's new with the vaccine frontrunners

The short answer? Almost everything. Now for a slightly deeper dive. This is the first time in human evolutionary history that synthetic genetic material has been injected at scale into human beings. We have of course been exposed to genetic material from viruses and other organisms because bacteria and viruses facilitate this process naturally. Indeed, viruses have been critical to the evolutionary development of all species present on our planet, acting overall as friends more than foes, despite their negative perception by humans usually only as pathogens. In fact, probably around 8% of the human DNA originates from viruses, most of it having little apparent effect. One obvious exception is the human endogenous retrovirus (HERV) protein, syncytin-1, that is expressed and is responsible for the formation of the mammalian (including human) placenta. Yes, without those 'fossil' retroviruses, none of us would be here! Extraordinarily, syncytin-1 is also almost a dead ringer for a fragment of the SARS-CoV-2 spike protein – an issue we discuss in Question 6 below – on potential risks for pregnant women (and women who don't know they're pregnant).

Then, in the early 1980s, we saw the first developments in genetic engineering, but of crops not humans. A soil-borne bacterium that is able to deliver DNA from a diverse range of organisms into plants, *Agrobacterium tumefaciens*, was used to create the first 'transgenic plants.' The bacterium is still used in some areas of crop biotechnology today.

But, for those of us who have an overriding respect for nature and its ways, there is a big difference when nature does its thing, exchanging genetic material between species, because nature has had some experience doing this particular thing over the last 3.5 billion or so years.

Humans, by contrast, have been exploring genetic engineering for less than 40 years – that's around 0.000001% of this time frame. Another big difference is the public has had an ongoing opportunity to offer its opinions on genetically modified organisms (GMOs) used as human food and animal feed over the majority of this time.

In democracies, elected representatives have often been able to influence policy around GMO cultivation, animal rearing, trade, labelling and consumption. Many have decided it's not for them. As the large UN-funded International Assessment of Agricultural Knowledge, Science and Technology for Development (IAASTD) report ('Agriculture at a Crossroads') revealed back in 2008, scientific consensus suggested GMO crops would not make a net positive contribution to the global food security challenge. Other than controversial and often conflicting data around safety and environmental risks, one of the resounding concerns remains with the centralisation of agricultural resources (notably in the form of GM seeds) in the hands of a few (the companies that own the intellectual property). This desire to control the food supply is just one fact that has contributed to Monsanto's rating as one of the most reviled companies in the world.

There has been no public debate on the ethics around introducing synthetic genetic material directly into humans by injection, bypassing the human gut, that, during our evolution, has been the primary interface with the capacity to determine what molecules, organisms or viruses are friend or foe, a task that is performed admirably by a coalition of commensal human and microbial cells (our microbiome). Democracy has been suspended as the world is held for months on end in an emergency state, supported by the World Health Organization's continued declaration of pandemic status. Selective reporting by the media and censorship of social media have obfuscated any possibility of scientific and public discourse. Any discourse that has occurred has been easily disregarded by the establishment as pseudoscience or conspiracy theory. This doesn't bode well for an open or transparent world in which diverse views and ideas are shared with the hope of reaching consensus. It is divisive and polarising.

There has been grossly inadequate research on the effects of the nanomaterial delivery systems being used in the mRNA vaccines. It is quite extraordinary, and certainly disproportionate, that any food or supplement manufacturer that wants to deliver nano-sized (sub 100 nm diameter) particles via the oral route, has to go through extensive and onerous testing to verify the safety of their nano-sized particles, even if they are chemically identical to their non-nano counterparts. Yet foods are inherently many times safer than drugs and are not administered directly to the circulation like injected vaccines. So how did the vaccine makers manage to fast-track the onerous process of proving safety of their nanomaterial delivery system for their synthetic mRNA when so much is asked of food manufacturers and all of the opinions and decisions by regulators are placed in the public domain? Is it anything to do with that well-known [revolving door](#)?

In the EU, the guidance for nanotechnology use in food and feed can be found [here](#). The underlying premise for rigorous pre-market testing is that the very small size of particles can change the safety and risk profile of a given substance quite dramatically, often making the respective ingredients more toxic. It seems perverse that the public has been offered little or no information on the safety testing that underpins the BioNTech and Moderna developed mRNA nanotech lipid delivery system for their respective synthetic mRNA sequences that bypass the human gut altogether and are injected directly into the circulation.



Some have mooted the potential for mRNA vaccines to alter a vaccinated person's genome (DNA). Anyone who says that this definitely will or will not occur should probably not be trusted. Is there a theoretical possibility that this could occur? Yes, in our view. Do we

currently have enough data to be able to explore the potential of this happening? No. Might we find some transgenic humans have been created unwittingly by the current mass vaccination programme? This is something that cannot be ruled out, but it would be unlikely to be known for many years. The theoretical basis for the possibility of this happening is complex, but the essential tenets of it go something like this: The synthetic mRNA of the vaccines could be reverse transcribed by [reverse transcriptase enzymes](#) that are used by certain viruses like HIV and hepatitis B. These enzymes convert the RNA to double-stranded DNA that could, in theory, be integrated into the DNA held within the nucleus of the cell by another enzyme, [retroviral integrase](#), also produced by retroviruses like HIV.

This might seem fanciful to some as it could be argued this can't happen otherwise it would have already happened with other DNA or RNA viruses, including the existing coronaviruses. The more open-minded might reply by suggesting this has indeed happened during human evolution, that is why we humans have viral genetic material within our genome. It is also part of the pathology associated with HIV-AIDS, as the reverse transcribed RNA of HIV is converted to double-stranded DNA and then [linked by retroviral integrase to the DNA](#) of the affected human.

But can we breathe easy because this doesn't appear to happen as far as we know with the coronaviruses that infect humans, of which 7 are currently known? This, in our view, is the biggest informational safeguard we have. Should we rest on that and be thankful we're not dealing with another retrovirus like HIV, but rather a coronavirus that's very similar to one that can give us common cold? Probably not. We don't know that cells and enzymes that have been mixing it up for millennia won't respond differently to lab-grown genetic material. We don't know if there might be a longer duration of exposure to retroviruses and their enzymes for mischief to occur. We don't know how the shielding of RNA by a synthetic lipid nanoparticle as compared with a natural protein shell of a virus alters the process. In summary – it doesn't seem scientifically plausible to entirely reject the possibility that integration of synthetic genetic material from these 'next-generation' covid vaccines might occur altogether. But no doubt, any public discussion of the subject among the scientific community will continue to be considered heresy, or at least conspiracy theory.

A final point to consider is that 'we' – the establishment scientific and medical community at least – have already opened the door to 'targeted gene delivery' that integrates transgenes into the human genome. It's a potentially risky business and demands that '[genomic safe harbours](#)' are found so as not to upset the coding systems of the human genome that have evolved over hundreds of thousands of years. Cancer and many other diseases might be the price to pay if mistakes are made. We argue that our lack of understanding of the sophistication of nature means that mistakes could well occur and by the time such mistakes are discovered it may be too late. This would also be one reason why trying to expose almost the entire human population to experimental synthetic biology vaccines appears like a high risk operation – and the public is not being informed about the potential risks involved.

Q4. Vaccines for what purpose?

There is a whole lot of confusion over what the purpose of the covid vaccines is. Many assume vaccination with the current crop of covid vaccines is intended to create population-wide herd immunity – a topic we considered in some detail [last week](#).

The reality is there are no reliable data which can be used to confirm or refute this. The Phase 3 trial designs deliberately excluded considering how effective the vaccines might be in reducing transmission. The results cannot tell us anything about this. Taking the Pfizer vaccine as an example, [nearly 44,000 people across 150 clinical trials sites](#) in United States, Germany, Turkey, South Africa, Brazil and Argentina were involved in the Phase 3 trials. But only 170 of these (0.4%) were exposed to SARS-CoV-2, 8 being in the treatment group, 162 in the control group (hence the [over 90% effectiveness claims](#)). Of the 8 that benefited, Pfizer have also claimed over 94% effectiveness among the over-65s, but this would have represented a tiny subset (less than 8!) that couldn't possibly represent the genomic and phenotypic variation that's out there in the community.

The [UK government guidance \(updated 20 January 2021\)](#) makes clear that the purpose of the vaccine is simply to “*reduce the chance of you suffering from COVID-19 disease.*” It correctly makes no assumptions about potential effects on transmission.

Only time will tell – through further follow-up of Phase 3 trials and post-marketing surveillance – how different individuals in the population at large will respond to the vaccine. Age, gender, ethnicity, disease status, nutritional status, immune system status and previous vaccination histories, are just some of the many factors that could influence response to the vaccines. How long will neutralising antibody levels remain elevated? Will memory T cells be primed ready to deliver long-term protection after antibodies wane? How will the immune systems of those vaccinated respond to changing variants of the virus over time?

South African scientists have [already warned](#) that the covid vaccines “*may need updating to protect against the new [South African] variant*”. These are just a few of the many known unknowns.

It will likely take several years to get a solid view on how much the vaccines reduce transmission and it will be increasingly hard to separate the effects of one vaccine from another. It also becomes much more complicated to discern the effects of the vaccine during a waning pandemic or epidemic, something that, in our view, [is undoubtedly already happening](#).

It is the lack of knowledge around the effects of the vaccines on viral transmission that is causing national authorities to [continue to recommend](#) the wearing of masks or the maintenance of social distancing.

In many respects, the vaccine is not being rolled out in the knowledge that it will reduce transmission and elicit herd immunity. It is more like a prophylactic treatment, but one that has the might of governments and international agencies behind it. More than that, the manufacturers are, ironically, themselves immunised from public prosecution in the event of no-fault vaccine injury. The same can't be said for the companies responsible for cancer or heart disease treatments that kill many more people every year.

The fact that the covid vaccines are intended as [prophylaxis](#) – in other words to prevent severe covid-19 disease in the event of infection with SARS-CoV-2 – means that they should be compared with other forms of prophylaxis. It would be remiss then to not consider here the [I-MASK protocol](#) proposed and being implemented by the Frontline COVID-19

Critical Care Alliance in the USA. This is particularly timely now that the National Institutes of Health (NIH), at least, has finally (on 14 January 2021) approved [the use of the key agent in the I-MASK protocol, the anti-parasitic drug ivermectin, for treatment of covid-19.](#)

Q5. Might covid vaccines contribute to 'pathogenic priming'?

'Pathogenic priming' is a term that is more scientifically described as [antibody-dependent enhancement \(ADE\)](#) of disease. In short form, it means that after infection or vaccination, a person can experience more serious, enhanced disease after being exposed to the pathogen to which they have either become immune, or that the vaccine was intended to protect against. When the enhancement is specifically related to a vaccine, it's often called [vaccine-associated hypersensitivity \(VAH\)](#).

It's an unsettling reality because it's caused by the antibodies that normally do a great job in quelling the pathogen. It doesn't occur in the case of most viruses (or vaccines), but has been found to occur in the case of [40 viruses](#). Among these are dengue viruses and coronaviruses, including SARS and MERS. The mechanisms by which it occurs are both varied and complex, but central is either an enhancement of viral entry and subsequent inactivation of innate immune cells, and/or the enhancement of infection via a key receptor on immune cells known as the Fcγ receptor (FcγR) to which Fc portions on antibodies bind. Five different mechanisms causing this to happen have [been identified](#) so far.

VAH or ADE is one reason why dengue vaccines as well as those for SARS and MERS, the latter being caused by coronaviruses, haven't made it commercially. They were just too dangerous, no longer necessary (because SARS and MERS had waned naturally) or they were too late in being delivered. There was no [Operation Warp Speed](#) for SARS and MERS.

There should be genuine concern over the risk of VAH/ADE with covid vaccines, yet the results from Phase 3 trials that triggered emergency authorisation around the world are not sufficient to properly evaluate its risk. The fact that only hundreds (not tens of thousands) of people for each vaccine who have been vaccinated have also been exposed to wild SARS-CoV-2 is not sufficient to know if particular sub-groups of people could be susceptible to disease enhancement following exposure to the virus.

Nowhere near enough time has elapsed either. The Phase 3 trial results are only enough to know that VAH/ADE isn't going to affect the majority and that's at least something. But those in the community who are currently being vaccinated with the experimental vaccines are in essence the 'guinea pigs', and the existence or the extent of the problem will not be known until many of those vaccinated have already been exposed to the virus. That's months and years away.

Concerns are sufficient for Drs Anne Arvin, Herbert Virgin and colleagues from Vir Biotechnology in San Francisco and Stanford, writing in one of the world's most prestigious journals, [Nature, to have stated in July 2020](#) that ADE is "...a general concern for the development of vaccines and antibody therapies because the mechanisms that underlie antibody protection against any virus have a theoretical potential to amplify the infection or trigger harmful immunopathology. This possibility requires careful consideration at this critical point in the pandemic of coronavirus disease 2019".

This concern was largely discounted by Scott Halstead and Leah Katzelnick writing in [the Journal of Infectious Diseases in December](#). These latter authors confidently exclaim

that human coronavirus diseases like SARS-CoV-2 “...lack the clinical, epidemiological, biological, or pathological attributes of ADE disease exemplified by dengue viruses”. However, there is a plentiful literature showing lung pathology and other signs of VAH/ADE in experimental trials on animals with coronavirus vaccines targeting SARS and MERS. A [summary is provided in a review](#) by Raphaël Zellweger and colleagues at the International Vaccine Institute in Korea in the journal, *Expert Review on Vaccines*.

Given that frontline and key workers are among the priority groups for vaccination – have the vaccination policy groups in governments considered the potential consequences of VAH/ADE rearing its ugly head and side-lining or taking out these workers on which so many depend? Almost certainly. Have they acted on these concerns to minimise such risks? Clearly not.

Q6. Could covid-19 vaccines be more risky for pregnant women?

This potential has been getting a lot of airtime on ‘non-mainstream media’ (which is a term that describes that subset of the internet and social media that has yet to be de-platformed or is reliant on emerging platforms that are independent of the mainstream).



It’s a problem because many women don’t know they’re pregnant for some months (my own daughter being one of them).

[There is clear evidence](#) that pregnant women can be more vulnerable to influenza, and this is linked to the relic of retrovirus protein that’s responsible for the evolution of humans through it’s role in triggering the formation of the female mammalian placenta.

But the main discussion on syncytin-1 and infertility risk has centred on a notion that was put forward by Dr Wolfgang Wodarg, a German physician, epidemiologist (and politician), along with former Vice President and Chief Science Officer for Allergy & Respiratory at Pfizer, Dr Mike Yeadon, in [their stay of action](#) submitted to the European Medicines Agency (EMA).

No one can reliably know one way or another what the real risk is because pregnant women were excluded from the trials of the three frontrunner vaccines. Accordingly the vaccines are not advised for pregnant women in the UK. The Pfizer mRNA [vaccine fact sheet states](#): "Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy". A [similar statement](#) is

made on the US fact sheet for the Moderna mRNA vaccine, however we've seen many reports of covid vaccines being administered to pregnant women in the USA.

There is also a potential mechanism for an impact on fertility, although regulatory information, for example with the AstraZeneca vaccine, tries to brush it under the carpet:

“Preliminary animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryofetal development, parturition or post natal development; definitive animal studies have not been completed yet. The full relevance of animal studies to human risk with vaccines for COVID-19 remains to be established.”

The theoretical basis of a concern goes something like this: during evolution, a group of retroviruses inserted coding in female mammalian DNA that is responsible for placental formation. As mentioned in Q3, it's called syncytin-1 and without it, female mammals, including humans, can't get pregnant. That piece of coding is almost identical to a segment of the SARS-CoV-2 spike protein so if antibodies were to take out syncytin-1, women could become infertile.

Again, could this happen with a strong neutralising antibody response following exposure to the real virus? Potentially. Has such an effect been recorded? Not to our knowledge, but it's early days. Could the vaccine engender a different kind of immune response to naturally-acquired infection? Potentially. It's definitely something that requires keeping a very close eye on and it's too early, in our view, to completely exclude the effects of severe SARS-CoV-2 infection or vaccination on fertility reduction in some exposed women or girls.

Q7. What are the regulators who approved covid vaccines saying?

When you buy an over-the-counter medicine, you'll be familiar with the product or patient information leaflet (PIL) that comes with it. The details of what's contained in it is something that's thrashed out between the licence holder and the regulator that authorises the drug. Astonishingly, we are finding almost no one is given sight of the product information leaflets for any of the emergency-authorized vaccines.

So we thought we'd provide you links so you can read some of them prior to making a choice over vaccination. Being aware of the information that is known to the maker of the vaccine and the regulators that have authorised the vaccine in question is really the bare minimum of information you should be aware of prior to giving consent.

>>> [Pfizer information leaflet, UK: Pfizer PIL](#)

>>> [Pfizer fact sheet for recipients and caregivers, USA](#)

>>> [Pfizer fact sheet for healthcare providers administering the vaccine, USA](#)

>>> [AstraZeneca information leaflet, UK](#)

>>> [Moderna fact sheet for healthcare providers administering the vaccine, USA](#)

>>> [Moderna information leaflet, EU](#)

>>> [Moderna information leaflet](#)

The UK government has issued [guidance for people to help them know what to expect](#) following vaccination. It contains a much narrower range of common adverse reactions than those listed on the Pfizer UK leaflet or USA fact sheet (above).

By way of example, the Pfizer UK leaflet that most people in the UK vaccinated with the Pfizer vaccine will never see, lists the side effects as follows, at the stated frequencies:

Very common: may affect more than 1 in 10 people

- pain at injection site
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever

Common: may affect up to 1 in 10 people

- injection site swelling
- redness at injection site
- nausea

Uncommon: may affect up to 1 in 100 people

- enlarged lymph nodes
- feeling unwell

Rare side effects: may affect up to 1 in 1,000 people

- temporary one sided facial drooping

Not known (cannot be estimated from the available data)

- severe allergic reaction

The US fact sheet on the Pfizer vaccine describes the chances of a severe allergic reaction as “remote” but goes on to say:

“A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. For this reason, your vaccination provider may ask you to stay at the place where you received your vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- *Difficulty breathing*
- *Swelling of your face and throat*
- *A fast heartbeat*
- *A bad rash all over your body*
- *Dizziness and weakness*

These may not be all the possible side effects of the Pfizer-BioNTech COVID-19 Vaccine. Serious and unexpected side effects may occur. Pfizer-BioNTech COVID-19 Vaccine is still being studied in clinical trials.”

All recipient and vaccinator facing material advises that adverse reactions are reported to national registers set up to receive adverse event reports.

Q8. How safe do covid vaccines appear in the real world?

The UK medicines regulator has yet to report ([see update below](#)) on the adverse event data it has been collecting through the [dedicated Yellow Card system](#). [Bloomberg reported](#) June Raine, interim chief executive officer of the MHRA, saying that adverse event reports are coming in “*really thick and fast now*,” tempering this statement with another, “*...there’s nothing unusual in what we’re seeing*.” Probably best to make judgments when more data have come in.

At the time of writing (20 January), the [CDC COVID Data Tracker tells us](#) that 15.5 million doses of covid-19 vaccines have been administered in the USA, with 14.3 million people having received one or more doses.

In the UK, at the same time, 4.6 million had received their first dose, with 460,625 being ‘fully vaccinated’ with two doses.

That’s a lot of people – and in just two countries – many more people than were exposed to all three frontrunner vaccines in the three sets of Phase 3 trials. Given the abbreviation of the time frames normally used to study safety and effectiveness, it is critical that adverse events reporting is as transparent as possible so that the public, as well as health professionals and politicians, can be as well informed as possible.

In this light, adverse event reporting is being prioritised and most countries have established dedicated adverse event reporting systems for the covid-19 vaccines.

Some are listed in the table below:

Table. Selected adverse event reporting systems for covid-19 vaccines

Country	Organisation	Transparency
Australia	Therapeutic Goods Administration	No information publicly available
Canada	Government of Canada Health Infobase	Latest report
EU	European Medicines Agency (EMA)	No information publicly available
France	Ministère des Solidarités et de la Santé	No information publicly available
Germany	Federal Institute for Drugs and Medical Devices (BfArM)	No information publicly available
Israel	Ministry of Health	Israel has allegedly agreed to give patient data to Pfizer in return for access to vaccines
Italy	Italian Medicines Agency	No information publicly available
Malaysia	National Pharmaceutical Regulatory Agency	No information publicly available
Norway	Norwegian Medicines Agency (Statens legemiddelverk)	Weekly reports available
Sweden	Swedish Medical Products Agency	Reports available
UK	MHRA	No information publicly available
USA	Centers for Disease Control	VAERS database publicly accessible

You will notice that the majority of authorities for which we've been able to find data are not putting data on collected adverse reactions into the public domain. The USA, Canada, Sweden and Norway are among the exceptions.

Given that, of those offering some transparency of the adverse event data, the USA has by far the most doses administered, we have carried out some analyses of the US Vaccine Adverse Event Reporting System (VAERS) data.

So far, of 15.7 million doses delivered, 7098 adverse events have been reported in total. That's an adverse event rate (AER) of just 0.045% which is in the order of 100 times less than that recorded in clinical trials. It likely represents significant underreporting, a problem that [has long been recognised](#).

>>> [Covid vaccines - like apples and oranges](#)

>>> ['Promising' and 'safe' Moderna vaccine trial causes severe adverse events](#)

The VAERS data suggests that so far 55 people in the USA have died following vaccination, 96 have experienced life threatening reactions and 1388 have required emergency treatment.

We've also compared, using source data in the VAERS database, the very limited available data on covid vaccines with flu vaccines, using the metric of AERs per dose. The results of our analysis (bearing in mind the limited data on covid vaccines) showed:

- The risk of death from a covid vaccine is 9-fold greater than with a flu vaccine during the 2020 season
- Emergency room treatment was 16.6 times more common following a covid vaccine dose
- The risk of a life threatening adverse reaction was over 12 times greater for covid rather than flu vaccines

All of these abstract data pale into insignificance when you read the stories of those who have or are still experiencing ongoing severe reactions or have been devastated by the loss of a loved one following vaccination. We're receiving reports from those describing adverse reactions by friends or family members.

Following are three examples that came in yesterday:

"My daughter works as a care worker. Last Thursday 14th the Oxford/AstraZeneca vax was administered to staff and the elderly residents in the care home. My daughter declined it as she has allergies. The following day 10 staff members called in sick with a variety of problems - some had blinding headaches, some stomach cramps, dizziness, and one with projectile vomiting. My daughter rang in tears that night as all the residents - around 50 - had gone downhill. They couldn't get out of bed, wouldn't eat or drink, and were lethargic. She had the weekend off and went into work yesterday - Mon 18th - to discover that one of the residents had died. She said he was in his 70s and pre-vaccine was lively and chatty

with no health issues. Apparently, he had anaphylactic shock and then a heart attack. They are due to have their second jab in 3 weeks. It's really worrying."

"My father-in-law died 2nd Jan, two weeks to the day after having the jab. He was 80, had COPD and shingles and yet they still gave him the jab (?) and his breathing worsened after it. He died very suddenly. We found out today there will be no post-mortem and his GP is writing it up as a heart attack as he apparently also had atrial fibrillation (his wife not aware of this). She then saw [this story](#) in the Telegraph and wondered if any increased deaths will be swept under the carpet."

"A friend has covid since being vaccinated and so do 14 of her coworkers in the care home where she works! All since the Pfizer vaccine. They had had 2nd jab a week last Friday, tested positive on the Mon when they were routinely checked & all ill by Weds. All are off sick with covid."

We've actually heard of several other cases like this last one, in which PCR or Rapid tests were made of care home residents who had recently been vaccinated and all were found to be positive. As a result of the positive tests, the residents were treated as if they had covid-19 disease and were forced to self-isolate, and they went on to experience many symptoms common to covid-19 disease so were diagnosed as having the disease.

This may be not only an incorrect diagnosis, but an incorrect, forced intervention. Let me try to explain what else could have been going on.

The PCR and Rapid tests hunt down the nucleic acid sequence of the spike protein. Assuming all the tests were found to be positive, there are 5 possibilities:

- SARS-CoV-2 virus (with infective potential) has been accurately detected
- Fragment(s) of SARS-CoV-2 virus have been detected, with no infective potential (this is more likely to be the case if the [cycles threshold \(CT\) value of the PCR tests in question is in excess of 33](#))
- Fragment(s) of closely related coronaviruses have been detected (again, with no infective potential)
- The result was a false positive (on 13 January 2021, the World Health Organization [changed its guidance](#) to remind those testing that low prevalence will contribute to raised false positive rates, something we [pinpointed in September 2020](#))
- The PCR or Rapid test had responded to the antigen in the vaccine (i.e. a copy of the spike protein made by the muscle cells following instructions given to them by the coded messenger RNA in the Pfizer or Moderna vaccines, or the synthetic copy the spike protein in the case of the AstraZeneca vaccine)

Furthermore, the symptoms that looked just like covid-19 symptoms, could also readily have been common side effects of vaccination, as very common side effects include: fever, chills, headache, muscle pain, tiredness and joint pain. These side effects look so much like real infection because they are the result of the triggering of pro-inflammatory cytokines (chemical messengers used by the immune system) that are associated with all

inflammatory reactions. They occur whenever the immune system is revved up in an effort to deal with a foreign invader, even if this 'foreign' entity has come from our own muscle cells (Pfizer and Moderna) or is entirely synthetic (AstraZeneca).

Had the residents been given sight of the product information leaflet for the vaccine. they would have been aware that these symptoms could be related to the vaccine, and not covid-19 disease. The health professionals in charge could have perhaps done a better job engaging with their medical and scientific knowledge and clinical experience.

Even more that that, such critical thinking will helps us to avoid knee-jerk, programmed responses that cause unnecessary anguish among care home residents - or anyone else for that matter who effectively draws the short straw in medical care.

Closed Facebook groups have sprung up offering a safe space for people to report their reactions, one such group, having nearly 42,000 members already. In the interests of privacy we are not sharing these testimonials, however, it appears that some people have experienced serious adverse reactions such as uncontrollable tremors, anaphylactic shock, seizure, paralysis and death within hours of receiving the jab. Whilst these are uncorroborated anecdotes, these types of reactions appear to have been experienced by many people in the group.

Many might argue that if the rate of AERs does not rise significantly from the present rate, and the vaccine is found to be effective in preventing infection or serious disease, the collateral injury of some people is justified.

Our sense is that we are a long way from knowing that just now and it is imperative that all adverse reporting systems are made fully transparent to the public, as we propose in our [vaccine transparency manifesto](#). Our *Transvac* vaccine transparency tool revealed transparency of just [35% and 30% for the Pfizer and Moderna vaccines respectively](#) last December.

UK update 05 February 2021

The following three tables summarise adverse event data released by the UKMHRA on the 5th February 2021.

Table 1: Current status of adverse event reports (AER) from UK Medicines & Healthcare products Regulatory Agency (MHRA)

Company	Total No of vaccine doses	AER total	AER rate %
Pfizer/BioNTech	5,900,000	49,472	0.8
AstraZeneca	1,500,000	21,032	1.4

Source data: MHRA as at 05 February 2021
 (<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>)

Table 2: Summary of important AERs for Pfizer/BioNTech vaccine (UK)

Pfizer/BioNTech	No of reactions	% total AERs
Headache	4,570	9.2
Fatigue	3,230	6.5
Pyrexia	3,173	6.4
Nausea	2,365	4.8
Myalgia	2,280	4.6
Chills	1,994	4.0
Pain in extremity	1,530	3.1
Arthralgia	1,414	2.9
Dizziness	1,278	2.6
Pain	1,176	2.4
Lymphadenopathy	969	2.0

Malaise	779	1.6
Death	107	0.2
Total of other	24,714	50.0

Source data: MHRA as at 05 February 2021
 (<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>)

Table 3: Summary of important AERs for Ox/AstraZeneca vaccine (UK)

Ox/AstraZeneca	No of reactions	% total AERs
Headache	2,589	12.3
Pyrexia	2,446	11.6
Chills	1,451	6.9
Fatigue	1,281	6.1
Nausea	1,171	5.6
Myalgia	1,087	5.2
Arthralgia	678	3.2
Pain	612	2.9

Dizziness	551	2.6
Pain in extremity	441	2.1
Vomiting	407	1.9
Hyperhidrosis	269	1.3
Death	34	0.2
Total of other	8,049	38.3

Source data: MHRA as at 05 February 2021

(<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>)

A final word

Informed consent is a legal requirement for any medical intervention in all jurisdictions. It also builds trust and a fiduciary relationship between the recipient and the administrator of the proposed intervention. When it works well, it's about as far away from coercion as it can be, a noun that reasonably describes some of the approaches taken by some governments or authorities.

It seems while the world has spent almost one year focused so intently on one pathogen, it has almost forgotten the complexity of factors required for human health, growth and development. In this myopic climate, it has spawned a hankering for a unilateral approach to resolving the pandemic, one that is ideally suited to the next-generation covid vaccines. One that conveniently ignores repurposed drugs like ivermectin or the importance of nutritional status for a competent immune response.

This article hopefully might serve to help readers move in the direction of being able to make a more informed decision over vaccination, bearing in mind that facts as relayed here are likely to change very quickly as more data become available. Hopefully, even searching for answers to the 8 questions I've tried to answer will be of some help. While so little information is being released by authorities, which continue to claim that covid vaccines are "safe" when thousands are being injured, it is so important that we all work together to share relevant and reliable information through whatever channels remain open to us.

Given the shortage of information that helps support the public in their efforts to exercise their right to informed choice over covid-19 vaccination, please share this article widely.

Acknowledgments

I'd like to all our supporters who've been communicating with us in recent weeks, especially since the start of the year, with information about, and concerns over, the vaccines. These concerns have framed this article. Many thanks too to Melissa Smith in our team for her painstaking work in collating and analysing the adverse event data.

>>> [Download article](#) as printable PDF (18 pages)

The 'great reset' for the immune and metabolic systems

Rob Verkerk PhD and Meleni Aldridge talk to Dr Ron Hoffman on his Intelligent Medicine podcast

Date: 27 January 2021

Content Sections

- ['Project Fear'](#)
- [Loss of autonomy: a patient's story](#)
- [Two part podcast with Dr Ron](#)

'Project Fear'

With 'Project Fear' still very much in full swing and revving up to ensure vaccine targets are met in 2021, it's easy to understand why so many who authorities may have previously described as 'hesitants' are capitulating - out of weariness. It's a condition that's increasingly being referred to as 'pandemic fatigue'. It's another term to add to the dictionary, along with 'lockdown', 'new normal' and 'anti-masker'.

But 'Project Fear' is a carefully considered strategy with a potentially subversive agenda. It's strategically being led by behavioural psychologists, and the agenda is to convert a heterogenous, free-thinking public into a homogenous, submissive public, one that will do as its told. A prerequisite for exploiting our biological response to fear is to systematically remove pre-existing fundamental rights such as freedom of movement, freedom of speech, the right to respect for private and family life, the right to peaceful protest and medical freedom.

Loss of autonomy: a patient's story

Under emergency pandemic laws, we are rapidly losing autonomy over our bodies. That was brought home forcibly this week when we were sent a private video of a British family attempting to get their elderly, loved one out of an NHS hospital where he was being treated for covid-19.

In the video, we saw the patient (clearly aware and lucid) demanding to be released to go home where the family had carefully organised to have supplementary oxygen, as well as ivermectin, vitamin C, vitamin D and zinc waiting for him. The family had been to court and had with them an appointed [McKenzie Friend](#), replete with the relevant legal documents, and they all echoed the patient's desire to be allowed to return to his home. He was denied release, the McKenzie's Friend and family were thrown out by security, the police were called and we believe the patient is now on a ventilator - the very outcome he made clear he did not want. Yes, patient autonomy with a gaggle of other rights - thrown to the wind.

At times like these we're all living through we need to pause, to reflect and dare we say — reset? Not the kind of reset alluded to by the now infamous [World Economic Forum's "Great Reset"](#) (have you ever looked at the sheer weight of negative comments under any of its videos?) But the other kinds of positive reset — like metabolic and immunologic resets, environmental reset and the 'Great Awakening Reset'. Contrary to 'Project Fear', these

resets empower us, allow us to remember our sovereignty and that we, as individuals, still have the ability, and the right, to self-care our way to creating better health. Yes, be autonomous.

If enough of us can do this for ourselves and our families, as well as to inspire our nearest and dearest, we stand the best chance of staying well, happy, whole and united.

Two part podcast with Dr Ron

This week, Rob Verkerk PhD and Meleni Aldridge talked to New York-based, integrative medical doctor, renowned author and host of the popular, nationally-syndicated radio programme, Intelligent Medicine, Dr Ronald Hoffman, also a board member of [ANH-USA](#). You will hear the reset theme mentioned more than once, particularly that of immune and metabolic reset, the need for which the events of the last year have thrown into sharp focus.

Tune in via the links below to hear in two parts, Dr Hoffman, Rob and Mel's perspectives on the pandemic: Is the UK being hit particularly hard? Are there flaws in testing procedures which may exaggerate the extent of the pandemic? Are the draconian lockdowns justified? Why have advanced Western countries proven so vulnerable? Is there a link between diet and susceptibility to bad COVID-19 outcomes? Are effective low-cost strategies being superseded by pricey, high-tech drugs? Is censorship suppressing critical evaluation of vaccine safety and effectiveness?



Dr Ronald Hoffman MD

- integrative medicine physician

- author

- founder of the Hoffman Center in New York City and

- host of the podcast, Intelligent Medicine.

Intelligent Medicine™

Dr Ronald Hoffman's Intelligent Medicine Podcast: **An Immune Reset, [Part 1](#) and [Part 2](#)**

Informed consent - is this fundamental right being respected?

Why vaccinators may be breaking the law

Date: 27 January 2021

With the mass vaccination program now in full swing, we are hearing of more and more reports suggesting this fundamental right and legal requirement is not being respected. The vast majority of people are simply not being given the opportunity to exercise this right that is a foundational principle of medical ethics and central to the concept of patient autonomy. Most people likely don't even know what information they should be able to receive prior to vaccination.

Check out our video below (under 8 minutes in length), presented by Rob Verkerk PhD, including inputs from dentist, Dr Zac Cox, from the [World Doctors Alliance](#) and integrative doctor, Dr Anna Forbes, founder and director of the [UK Medical Freedom Alliance](#).

You don't need to sign something to give consent – baring your arm is sufficient.

In the case of vaccination, this is, in essence, your gesture that gives the vaccinator permission to touch you and inject you. Failure to seek your permission would typically be regarded, legally, as assault or battery.

The real problem therefore isn't with the consent itself, but with the information that should precede the issue of consent.

The 3 pre-requisites for informed consent

For consent to be valid you need 3 things:

1. It must be given voluntarily – without coercion or deceit.
2. It must be given by an individual who has mental capacity, and
3. BEFORE giving consent, a person needs to have been fully informed about the issue. That includes being informed about what the risks and benefits of the treatment or vaccination are, as well as the risks and benefits of going without the treatment or vaccination, and what alternate options might be available.

>>> [Ministry of Ethics - Main principles of consent](#)

Do health authority vaccine claims constitute deceit?

Health authorities around the world continue to claim that covid-19 vaccines are 'safe'. However, [according to the Collins dictionary](#), this means that:

“Something that is safe does not cause physical harm or danger.”

'Safe' claims are routinely made by organisations like the UK [NHS](#), the [Centers for Disease Control](#) in the USA and the [World Health Organization](#).

A search we carried out earlier today of the [VAERS database](#) in the USA shows that nearly 8,000 adverse events have been reported so far (note: as many as 90% of adverse reactions often go unreported), and over 1.5% of these involved death. It is then arguably deceitful to refer to these experimental vaccines as "safe".

Information chasm

Even if it can be argued that the existing safety claims, advertising campaigns or pressure from some sectors of the health professions are neither coercive nor deceitful, it is this last pre-requisite concerning the provision of information where mass vaccination programs typically fall short.

Given the lack of [vaccine transparency](#), vaccinators themselves are not properly informed so are generally not in any position to offer accurate information that might be available in the public domain, but is generally not well known.

Information that should be freely communicated includes the fact that the vaccines are experimental and unproven. Those considering giving consent should be told about the vaccines' [reliance on synthetic biology](#) that has never been tested at scale. But it also includes information on known risks and benefits from Phase 3 trials, and that these trials are still under way and some won't be complete for over 18 months (e.g. January 31, 2023, [for Pfizer mRNA vaccine](#)).

Put simply – without vaccine transparency, informed consent is just not possible.

The very least we should expect is that every person gets to read the product information leaflet agreed between vaccine makers and regulators – before giving their consent. Even this isn't happening. Where the information is being given – it's often being handed to people as a passing gesture – a formality – after vaccination.

>>> [Pfizer information leaflet, UK: Pfizer PIL](#)

>>> [Pfizer fact sheet for recipients and caregivers, USA](#)

>>> [Pfizer fact sheet for healthcare providers administering the vaccine, USA](#)

>>> [AstraZeneca information leaflet, UK](#)

>>> [Moderna fact sheet for healthcare providers administering the vaccine, USA](#)

>>> [Moderna information leaflet, EU](#)

>>> [Moderna information leaflet](#)

It's time that those in charge of the vaccination programs begin to respect informed consent. And while they're at it, recognise that they better change how they're approaching informed consent because many are likely breaking the law by not allowing that right to be exercised.

The law on informed consent – present in nearly all jurisdictions – forms one of the central planks of medical ethics that's the bedrock for the practice of 'good medicine' in civilised, democratised societies. Let's not throw that to the wind.

[Find out more](#)

[ANH-Intl vaccine transparency tool.](#)

[Download](#) the UK Medical Freedom Alliance informed consent form.

[ANH-Intl Covid Adapt Don't Fight campaign](#)

Founder's Q&A

ANH Founder Rob Verkerk PhD answers some of your questions

Date: 4 February 2021

Content Sections

- [QUESTION 1: ARE COVID VACCINES REALLY VACCINES?](#)
- [QUESTION 2: - NATURAL VS LAB ORIGIN?](#)
- [QUESTION 3 – WILL SARS-COV-2 DISAPPEAR?](#)
- [QUESTION 4 – ZINC, THE MISSING LINK](#)

We've been flooded with enquiries over these last few weeks, by email, handwritten letters (yes, some people still do!) and phone calls, in particular since the global mass vaccination rollout began.

The high level of enquiry we've been experiencing is down to at least four factors:

- we face huge scientific, political and economic uncertainty which means divergent views from different quarters are inevitable;
- while a 'mainstream narrative' has emerged that's doing its best to speak with one voice, that voice is not always trusted, sometimes with good reason (a robust answer to this would be subject of a treatise, but cronyism such as that [highlighted in the UK](#) is just one of many reasons);
- scientific discourse has been largely abandoned through the censorship and taboos that have evolved, and;
- A large number of people are keen to do what they can to manage their health and immunity through natural means, often through eating a healthy diet and being physically active, and taking vitamins, minerals, herbs and other natural products. The mainstream narrative has consistently denounced such approaches during the current pandemic, despite a growing evidence base of their value (examples: [vitamin D](#), [vitamin C](#), [zinc](#), [Andrographis](#))

In order to get you some answers, here is a Q&A session with our founder, Rob Verkerk PhD.

We've pulled a selection of your questions together (all anonymised), many of which have been asked by different people in different ways, and we've passed them on to Rob for his views.

QUESTION 1: ARE COVID VACCINES REALLY VACCINES?

Q. I have recently watched a video of David Martin explaining why the current Vxs are not in fact Vxs [\[link\]](#).

In USA terms - a Vx is "defined" slightly differently across states

Examples given:

IOWA Code: Vx = specially prepared antigen administered to a person with the purpose of providing immunity (as defined above)

Washington State Statute: Vx = a preparation of a killed / attenuated living microorganism or fraction of it (note - mRNA = synthetically created) which upon administration stimulates immunity

The question is - does the UK have a legal definition of "Vx" regards immunity, transmissibility, pathogens used?

Apologies if you have covered this in any of your amazing articles but I've got to the stage of not knowing what I have seen where !!!!!!!!!!! Unfortunately a lot of info is given by USA-based people.

ANSWER:

It is our view that the UK interpretation of what a vaccine is and how they work will revolve around descriptions and explanations given in the [Green Book](#). This has been recently revised to incorporate even the mode of action of mRNA covid 'vaccines', that rely on the host cells to produce copies of the antigen (i.e. the SARS-CoV-2 spike protein).

The description (rather than definition) proposes that:

"Vaccines produce their protective effect by inducing active immunity and providing immunological memory."

To achieve this, it would be necessary to demonstrate not only that an immunised person is protected from infection (or re-infection), it also requires that they are able to provide persistent immunity acquired by T cells, in particular, memory T cells.

While there is no conclusive evidence one way or another for either of these two mechanisms, we believe evidence will, in theory, become available in the coming weeks and months as more and more people are vaccinated. Because of the abbreviated nature of the Phase 3 trials, the researchers involved chose to avoid looking at transmission potential justifying this on the basis that the trials would have had to have been much longer to evaluate these factors properly. Also, many more vaccinated people would have needed to have been exposed to 'wild' SARS-CoV-2, something that's unpredictable.

The absence of proven effectiveness (and safety) of vaccines - is one reason that the vaccines are being granted emergency authorisation and not full licenses. Therefore, they are – and should be – formally referred to as 'experimental vaccines'. The same principle applies also to experimental drugs. The term 'drug' is used to denote the intended function of the product, while 'experimental' denotes that this function has yet to be proven.

As alluded to above, it should, theoretically, be relatively easy to prove, one way or another, if immunity is gained and how long it lasts, as well as if transmission is reduced or prevented in those vaccinated. However, such a task is complicated if it's decided that

different vaccines will be mixed and matched (as planned in the UK) and if the timing between first and second doses of the vaccines differs significantly.

We just don't know, at this stage, how much (political) willingness there will be to undertake this work properly. A concern we have is that any reduction in cases, hospitalisations and deaths will be attributed to the vaccine when in fact any such a relationship may simply be associated, not causal. There are of course many factors that cause epidemics to wane other than vaccination, including loss of virulence of the pathogen, and the development of long-term (persistent) herd immunity via memory T cells.

In summary, we believe that we should uphold the following: while there is no current evidence of the vaccines' ability to provide protection against infection in the real world (i.e. under non-experimental conditions) or to reduce transmission, they should, at least for the time being, be referred to as 'experimental vaccines'. This label should remain in place until such time the vaccines have full licenses. As safety and effectiveness has yet to be proven, it should be illegal to refer to these experimental vaccines as "safe" or "effective". This should also be made crystal clear when informed consent is being sought. Presently, in many countries, including the UK, we're a long way from this being the case.

QUESTION 2: - NATURAL VS LAB ORIGIN?

Q. I was wondering if you've come to any kind of view on whether the virus evolved naturally and then jumped from wild animals to humans or was made in a lab?

ANSWER:

We've been following the available science on origins since March, and while there is no conclusive proof either way. The conclusion we have come to is that it is outrageous to suggest that SARS-CoV-2 could not have originated in a lab – and it is the scale and organised response to this, as well as the concerted efforts, without plausible evidence, to relegate such views to the 'garbage can' of conspiracy theory that, if anything, makes us lean more towards the notion that the virus was tweaked and leaked from a lab. Shakespeare, drawing from Hamlet, would probably say they "*doth protest too much.*"

What is generally agreed is that the genome of SARS-CoV-2 is 96% similar to a horseshoe bat virus (called RaTG13) found in an old mine shaft near Mojiang, China – around 1,600 km south-west of Wuhan – where the first major outbreak was discovered in December 2019.

That view is contested by Li-Meng Yan, a Hong Kong scientist and virologist who was deeply involved in investigating SARS-CoV-2 in the early stage of the pandemic who blew the whistle on the official story and has sought refuge in the USA since. Dr Li proposes that the two bat viruses coded ZC45 and ZXC21 were the origin and that SARS-CoV-2 was the result of genetic manipulation by the Chinese military.

Returning to the consensus view, even the RaTG13 virus doesn't have the necessary receptor binding domain on its spike protein to bind to ACE2 receptors in the airway of humans like SARS-CoV-2. There have been huge efforts to find viruses of natural origin that

might have this feature and the closest match comes from a [pangolin coronavirus isolated in 2019](#) in the Guangdong province of China.

In November 2020, Rossana Segreto from the University of Innsbruck in Austria, writing with Yuri Deigin, a biotech entrepreneur and genetist from Toronto, Canada, made a persuasive argument in their paper in [the journal Bioessays](#) for how the genetic recombination and tweaking could have happened in a lab — or in nature. Interestingly the paper was built from an earlier preprint work submitted 7 months earlier by Segreto titled “[Is considering a genetic-manipulation origin for SARS-CoV-2 a conspiracy theory that must be censored?](#)” which says what it is on the can. These authors found it very difficult indeed to have this paper published, hence the delay. Why – when there was so much less relevant and lower quality information being published daily?

The abstract of this paper summarises perfectly our concerns, and those of many scientists around the world, whose voices have been largely silenced:

The origin of SARS-CoV-2 is still controversial. Comparative genomic analyses have shown that SARS-CoV-2 is likely to be chimeric, most of its sequence being very close to the CoV detected from a bat, whereas its receptor binding domain is almost identical to that of CoV obtained from pangolins. The furin cleavage site in the spike protein of SARS-CoV-2 was previously not identified in other SARS-like CoVs and might have conferred the ability to cross species and tissue barriers. Chimeric viruses can be the product of natural recombination or genetic manipulation. The latter could have aimed to identify pangolins as possible intermediate hosts for bat-CoV potentially pathogenic for humans. Theories that consider a possible artificial origin for SARS-CoV-2 are censored as they seem to support conspiracy theories. Researchers have the responsibility to carry out a thorough analysis, beyond any personal research interests, of all possible causes for SARS-CoV-2 emergence for preventing this from happening in the future.- Rossana Segreto and Yuri Deigin (April 2020)

Deigin also published something of a blockbuster on lab origins in [Medium](#). Segreto and Deigin expose efforts by the lead virologist at the Wuhan Institute of Virology, Zheng-li Shi (aka ‘bat woman’), to change the dates that the genome of RaTG13 was sequenced. The question again is why did she do this?

The scientists also explain that gain of function research with animal coronaviruses that have novel receptor binding domains that can bind to human receptors has been going on for decades, including in Zheng-li Shi’s lab and in the lab of Ralph Baric, University of North Carolina at Chapel Hill. Declan Butler published [an interesting article in Nature in 2015](#) expressing concerns over Baric’s work that tweaked a SARS-like coronavirus to make it infect human cells.

And then you have Dr Li Meng-Yan’s testimonies to consider as well – including those made in her many appearances in the Western media, most of which have been censored on mainstream social media. Examples may be found [here](#), [here](#) and [here](#) that may have been shot down as conspiracy theory but should be considered by any open minded scientist.

For a detailed analysis of the whole debacle around lab versus natural origins, please see the brilliant piece by [published in the New York magazine](#) on 4 January 2021.

Oh – and don't forget – it wouldn't be the first time that a virus [had escaped from a lab](#).

The jury may still be out – and may always be out. But to rule out the possibility of lab origins would be, in my view, pseudoscientific. Equally, to relegate the notion to conspiracy theory, would suggest, again in my view, an inability to engage in critical thinking.

QUESTION 3 – WILL SARS-COV-2 DISAPPEAR?

Q. I was wondering if you guys thought Covid 19, would take the same course as SARS did in the early 2000's, where the disease itself would eventually disappear and was wondering if you guys had covered this, at all in any of your content which you have posted.

ANSWER:

Currently, we believe SARS-CoV-2, the virus that has the potential to cause SARS-CoV-2, is unlikely to disappear any time soon. While SARS (2002-3) may have disappeared from our view, the virus might still be around and it may just be a matter of time before it pops up again. That situation has happened with other viruses including ebola. The very closely related MERs (with main its outbreak in 2012), was still around and being monitored up until the limelight got taken by SARS-CoV-2 and covid-19. The last update [published in January 2020](#) by the World Health Organization shows that between July and December 2019, there were 51 cases of MERs, of which 33 were fatal (i.e. case fatality rate of 65%). That makes it many more times virulent (dangerous) than SARS-CoV-2 (with a case fatality rate [estimated to be around 2-3%](#)).

Viruses do sometimes disappear, while others linger for years or centuries. There are complex reasons for this and it is wrong to attribute the decline (as we've seen with SARS) of the ones that disappear to vaccines without supporting evidence.

It is the specific characteristics and mutation pattern linked to SARS-CoV-2 that makes us think this one will be something of a stayer. It is hoped during this time it will become less and less pathogenic and that it will be rendered to the pool of circulating human coronaviruses that are not of major health concern, like the coronaviruses responsible for a significant proportion (around 15%) [of cases of common cold](#).

QUESTION 4 – ZINC, THE MISSING LINK

Q. Please could you answer a couple of questions about zinc.

If cereals, seeds and legumes cause a blocking effect to zinc absorption could you tell me why are they found in these foods? Such as pumpkin seeds, cashew nuts, lentils and oatmeal. As you have already said nature has been doing this far longer than us so why would she put minerals in foods that don't best deploy the mineral? Or is it our digestive system that is at fault?

Working on the dosage of between 25-50mg per day, if an adult of 70kg were to take 25mg daily then this would also allow room for food containing zinc to be consumed without overdosing?

What is the best form? I got the idea that lozenges were but as a daily supplement with working adults and while trying to avoid certain foods and/or taking between meals then taking several lozenges throughout the day is not the most convenient means. So, what is are the second and third options.

We have also be asked why we didn't mention the zinc taste test as part of the zinc info.

ANSWER:

The foods you mention that contain zinc, don't contain nearly as much as meat and seafood, which almost certainly were the primary sources of zinc during most of human evolution. However, even these food sources as we mention are now depleted compared with the same foods prior to the industrial farming revolution.

While phytic acid in grains does bind with zinc and reduce absorption, it doesn't do this entirely, so some zinc is absorbed. The common low status of circulating zinc is the result of this, together with not enough zinc being absorbed in fortified foods consumed alongside phytate-rich foods like breakfast cereals and toast that many consume for breakfast alongside a multivitamin/mineral tablet or capsule.

Yes - many of the clinical studies would suggest that taking 25 mg to no more than 50 mg of zinc daily for an average adult would typically result in optimal levels, especially if this dosage is consumed with non-phytate rich foods (i.e. not grains, nuts and legumes).

If you find lozenges inconvenient, you could use forms such as zinc citrate or zinc monomethionine (both of which I have used for years and have consistently found to be optimal in zinc).

The zinc taste test is as old as the hills – and while it was viewed very favourably for years (e.g. [here](#)), the early work was based almost exclusively on [zinc sulphate](#) and more recent work has found it to be less reliable [than originally thought](#).

But it's not a bad rule of thumb in the absence of doing clinical testing of blood levels, but note that taste acuity tends to [reduce with old age](#).

PandemKids: collateral devastation of a generation?

Our take on the top 5 ways kids' lives have been turned upside down over the last 11 months

Date: 4 February 2021



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The negative impact of lockdowns on health, especially that of children and young people, has been and continues to be, immense.

This week marks [Children's Mental Health Week](#) in the UK. As its theme is 'Express Yourself' we've decided to give young people a voice so their voices can be heard over and above the external pandemonium. Not only do our young today, who are at significantly reduced risk from covid-19, face the burden of shouldering the pandemic costs incurred by governments across the globe, but children are substantially more likely to suffer long-term physical, mental and emotional effects too.

School closures resulting from the response to the pandemic could cost an individual child £40,000 in lost future earnings, based on the likely average earnings of £1 million over their working life. This equates to an astronomical £350 billion in lost lifetime earnings across the 8.7 million children in the UK alone [according to figures from the Institute of Fiscal Studies](#).

However, the more devastating impact of such losses is far more likely to be felt by children from disadvantaged backgrounds. This also doesn't take into account the knock-on effects to people of a severely depressed economy due to the reduction in earnings.

Let's also not forget all those newly graduated young adults who've had the [rug pulled out from under their feet](#) in 2020. Their hopes and dreams brutally ripped away by the response to the virus known as SARS-CoV-2.

Children and young people have been affected in a multitude of ways. We take a look at five areas where their health, happiness and futures are being impacted by current events — many might say unnecessarily impacted.

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Mental health

Media reports and social media posts reflect the impact of lockdowns on young people. Many are on the verge of giving up as they see their futures destroyed before their eyes. Over [1.5 billion children](#) globally have been impacted by school closures since April 2020. It may have been less than a year, but for children and young people it feels like a lifetime already.

Not only have school closures and lockdowns separated young people from their friends, they've also been parted from their grandparents, wider family and communities. The very support networks on which they rely. The [comfort](#) of hugs and squeezes are a distant memory for too many. Video calls a poor substitute.

One of the biggest impacts for many children and adolescents has been the loss of face-to-face schooling. This is the first generation of young kids who've been forced to adopt online learning. Something many children are [struggling to cope with](#). Lack of suitable tech, space in which to study at home, support from parents, reduced access to support services for those with [special educational needs](#) and school lunches for others. Being at home can mean many distractions that are far more attractive than schoolwork, making it that bit harder to knuckle down.

It's not all doom and gloom though. For some, lockdown has been [a positive experience](#) that has resulted in a reduction in stress levels as pressure to achieve at school is lifted, less bullying and negative peer pressure. Yet for others it has [increased](#) levels of anxiety, depression, irritability, boredom, inattention, fostered a fear of illness and worsened existing mental health issues. Increased screen-time due to online learning is impacting young children's health in [multiple ways](#) while lockdowns and lack of schooling have led to a substantial rise in [anti-social behaviours](#) as young people find other outlets to vent their frustrations.

Sadly, for many young people the loss of their support networks has left them believing suicide is their only way of [dealing with their distress](#). In Las Vegas, the rapid increase in the number of young people committing suicide has pushed [authorities to reopen schools](#).

For others, being at home can be a terrifying ordeal due to [the abuse they suffer](#) at the hands of the very adults who should be protecting them as they no longer have the safety of school. Many adults may also be suffering from the effects of the pandemic restrictions.

Social interactions

Children and young people's immune systems rely on their mixing and mingling to learn, mature and [develop cross-reactivity](#) to different bugs. The true health cost of enforced isolation and draconian lockdowns won't be felt for some time yet, but unless specific action is taken to restore immune resilience, we could be facing a health crisis of unforeseen proportions in a few years time.

How will young people's [socialisation skills](#) and related neuronal development be affected? How will it affect their ability to find partners or jobs in the future? On the plus side, we're likely to see a reduction in teenage pregnancies, but we don't know how fertility in general might be impacted in the '[pandemic generation](#)' as fertility is very closely associated with immune health.

Nutrition and diet

Many families have used lockdown as an opportunity to start [cooking at home together](#), teaching children how to cook from scratch and improving the quality of their diet.

On the flip side lockdowns have also seen [increased consumption of junk foods](#) as family budgets are hard hit and fast food outlets go mobile. Food has always been an age-old method of [reward](#) and [comfort](#).

For UK footballer Marcus Rashford, the exponential rise in poverty and child hunger due to [lack of access to free school meals](#) has led him to [campaigning](#) to ensure kids from disadvantaged homes in the UK don't go hungry. Children [in the US](#) and [beyond](#) are similarly going hungry too often due to a combination of family poverty induced by restrictions and loss of earnings, as well as reduced access to food.

Poor food choices combined with a lack of exercise is leading to [children gaining weight](#) and exacerbating additional weight gain in the already overweight group. The stark reality of the association between lockdowns and rapid weight gain has resulted in a yet another new term — '[covibesity](#)'.

Physical activity

Is it any surprise kids have [been less active](#) during lockdowns? For many going to school provides their main opportunity to take part in a variety of sporting activities. For those who take part in extra-curricular sporting activities, those too have been closed down. This has

led to far too many hours sitting in front of screens and TVs as the motivation to move rapidly dwindles. Sedentary behaviours are self-fulfilling as the less you move, the less you want to move as the body conserves energy by making less energy. Add that to an increased consumption of junk food and you have a ticking time bomb for future health prospects.

Team sports and sports in general are integral to the development of children's gross motor skills, like catching, kicking and overarm throws, but they've been suspended for nearly a year. Often forgotten is how much these activities contribute to tactical and problem-solving skills, as well as the ability to work effectively in teams.

And what about sleep? Good sleep is vital for developing healthy bodies and minds. Lack of exercise, along with anxiety about the pandemic, contributes to disrupted sleep for many children. Chronic sleep debt acts like a silent assassin to health and wellbeing for adults as well as children.

Environment

Most kids love a good muddy puddle to jump into or to dig in the dirt to find worms. So does their immune system. It's what helps to prime it to protect them against infectious diseases. For kids with reduced access to outside space or those in city apartments less exposure to soil and other outdoor microbes may slow the development of the immune system. Conversely, kids who live in urban areas may be exposed to fewer outdoor airborne pollutants due to there being fewer vehicles on the road and because they spend less time outside. However, exposure to more indoor pollutants such as second-hand tobacco smoke, household chemicals and fire retardant fabrics can be increased.

The lockdown legacy for children who've become used to spending less time outdoors is a likelihood of less connection to - or love for - nature. In turn, this is likely to manifest as having less interest in protecting the natural environment, which presents a critical challenge for the future of nature conservation and sustainability.

The increase in online learning and reliance on digital tech means children are being exposed to greater radio-frequency (RF) radiation sources. Yet another factor in long-term health outcomes. Young kids are more sensitive to RF sources so are particularly at heightened risk from the rise in use of electronic devices for learning.

Multiple studies have shown the low risk of the spread of covid-19 in schools. The idea that kids might be driving the pandemic has also been proven unlikely. How much longer can we justify the damage pandemic restrictions are wreaking on our children and their futures?

Re-framing a generation

Whilst we are aware that too many children are feeling they're in a never-ending nightmare, we wanted to finish on a positive note. Here are testimonials from three young people who are working hard to keep focused on the silver lining in their clouds:

I'm a cup half empty lad, seeing the last 12 months of our lives as a negative is so easy, but where does that get us? Over this time I tried saying get lost to my negative mindset and flip it on it's head, instead choosing to see the positive in my life. I love being outdoors but as winter set in and we hit a second and third lockdown it was no longer something I could do and so I started writing!!I've always struggled with it and couldn't spell for my life. And to my surprise I found out that I wasn't that bad at it either, although i still can't spell!!!!!!I'm now in the process of starting a blog and thinking about publishing a book to inspire other young lads to overcome their struggles and remind them that what doesn't kill them makes them stronger.- Evan, 15

I am so fortunate not to have been as directly affected by the pandemic as some, but the isolation has definitely been hard. I am very much a people person and so I miss getting out and connecting with other human beings, but lockdown has given me the opportunity to find other ways of connecting. Through social media I have met young people from all around the globe who have given me different perspectives on life, opened my eyes to the world around me and inspired me to share what I've learnt.The deep divisions in our society and all the issues that are only made worse by lockdown have definitely been overwhelming and frustrating to see, but lockdown and the whole Covid situation has also given me hope that people will realise what's valuable and see that the only way we can overcome this pandemic - and any other problem we face - is by coming together, supporting each other and acting as one.- Gracie, 17

This year like so many other people I have had to stay at home, I have taken this opportunity to get to know all my neighbours young and old. I think that for many people they have only managed to cope with the pandemic because of the kindness and generosity of the people around them and that is why I did something kind and positive for someone else every day over lockdown two and continue to do whatever I can now.Having more time on my hands has meant that I can now have a dog and some chickens, I have always wanted lots of animals and my wish has finally come true. Having pets has taught me how to take responsibility for something and how important it really is in all aspects of life from looking after pets to people's safety during the pandemic.- Irys, 13

Could you be forced to have a covid vaccine?

UK barrister, Daniel Barnett, walks you through the legals on whether you can be compelled to vaccinate in the UK

Date: 17 February 2021

So many questions are being asked of us over our legal rights after we are offered the covid vaccine or are faced with having to tell our employers if we've had the vaccine or not. The most compelling and thorough analysis of this thorny subject comes from Daniel Barnett, a UK-based employment law barrister, author of fifteen legal textbooks who also presents the Legal Hour on LBC, a well-known UK talk radio station, alongside his day job!

Whilst both videos were released two months ago, the subject matter is almost more relevant now that the vaccines are being distributed.

Watch the video below to answer questions such as:

Has there ever been compulsory vaccination in the UK?

Does the current law allow for compulsory vaccination?

Can the UK Parliament introduce new legislation to compel vaccinations?

Is there any truth in the rumour that the govt can use the Mental Health Act to section people who refuse to have the vaccine?

What is the position in the United States by way of comparison?

<https://youtu.be/baBrzN7d3qw>

<https://youtu.be/fOI2xxF0Wgo>

For more information on whether your employer can dismiss you if you refuse to have a covid vaccine, watch Daniel Barnett's second video, covering the following areas:

The choice as it might be presented to you; get vaccinated or get dismissed

The cold, hard reality facing you if your employer instructs you to get vaccinated

The possible legal claims you'd have if you refused, and were dismissed

The trickier position of if you're accused of being an 'evangelical anti-vaxxer' as against vaccine-hesitant (his words not ours!)

ANH-Intl Feature: Are we lighting the fuse of an autoimmune time bomb?

Date: 17 February 2021

Informed by the research and views of Prof Schoenfeld, the ‘father of immunity’, we consider whether the current pandemic could trigger a super-epidemic of autoimmunity

By Rob Verkerk PhD, founder, executive & scientific director

There’s been increasing concern voiced by world-leading immunologists that we could soon witness a devastating super-epidemic of autoimmune diseases. Some think it’s our exposure to the SARS-CoV-2 virus that’s the major concern. While others are more worried about the novel, still experimental vaccines, delivered at an unprecedented scale. But could it be both? In this piece, we aim to get under the covers of this complex area that’s been getting very little airtime in the mainstream media.

KEY POINTS

World-leading immunologists are concerned we may witness a super-epidemic of autoimmune disease linked to the SARS-CoV-2 virus as well as the vaccines designed to counter it

Our modern day lives put us at increased risk of developing autoimmune disease

Coronaviruses have the potential to trigger autoimmune disease in susceptible individuals Israeli immunologist, Prof Yehuda Schoenfeld, often referred to as the ‘father of autoimmunity’, has warned an adverse reaction to a vaccine could tip someone into autoimmune disease

The nano technology used in some covid vaccines bypasses our normal defence systems presenting yet another dimension of concern

Governments are not telling citizens about these potential issues

If you have a history or family history of autoimmune disease caution is required

Everyone benefits from using dietary and lifestyle strategies that optimise the resilience of your immune system.

Autoimmune 101

Autoimmune diseases represent a diverse group of over 100 diseases including type 1 diabetes, multiple sclerosis, lupus, psoriasis, coeliac disease, Crohn’s disease, ulcerative colitis, Addison’s disease, rheumatoid arthritis, pancreatitis, Graves disease, Hashimoto’s, fibromyalgia, and many other common diseases.

The underlying mechanism that links all these diseases is the loss of self-tolerance. As a result, the body starts to attack healthy cells or parts of itself, leading to the characteristic symptoms of one of the myriad autoimmune diseases.

Founder's blog: The fear that makes us stupid

ANH founder Rob Verkerk PhD argues we can't dig ourselves out of our current predicament without a seismic change in our attitudes towards each other and the world around us

Date: 3 March 2021

Content Sections

- [Our joint predicament](#)
- [Our 3 brains](#)
- [Let's get smart](#)
- [Footnote](#)

An article by Lisa Schonhaar and Gisela Wolf in the UK's Independent newspaper entitled '[5 Habits of Stupid People that Smart People Don't Have](#)' gives us something of a framework that might be helpful in our efforts to extract ourselves from our current predicament. It doesn't involve any shiny new technologies or geopolitical shifts. It simply requires that we change the way we relate to each other and the world around us. That we learn to use as much of the intelligence we've each been gifted with as possible.

[Our joint predicament](#)

Which predicament, I hear you ask? The one I'm thinking of is the one we're left with as we emerge from a pandemic. One where, almost certainly, the societal devastation we'll witness over the coming months and years will greatly outweigh the direct effects – as traumatic as they've been for those affected – of the new coronavirus itself.

The 5 habits Schonhaar and Gisela's article point to – turned around so that we can focus on the attributes most commonly linked to smart people – are:

1. Own your mistakes, don't blame others
2. Accept that others might be right
3. Don't react to conflict with anger and aggression
4. Don't ignore the needs and feelings of others
5. Don't think you're better than everyone else

>>> [Read Lisa Schonhaar and Gisela Wolf's full article in the *Independent*, entitled '5 Habits of Stupid People that Smart People Don't Have'](#)

The reason why I raised this, is that I cannot remember any period in living memory where these attributes of supposedly intelligent people (i.e. everyone with a functioning brain) have been so suppressed. At the very time when we need to apply as much intelligence as we can to fathom our way out of this – we’ve actually invented new ways of suppressing not only individual intelligence, but the intelligence of the majority of the people on the planet.

Before I use this framework to look a little closer at how it could help us, let’s just do a quick 101 on a few things neuroscience tells us about the human brain.

Our 3 brains

I won’t delve here into what the science of neurobiology has been telling us about intelligence itself – despite it being an active area of scientific research (if you’d like to dip in, see [here](#) and [here](#) for starters).

Suffice to say that if we’re to use the intelligence we’re gifted with to its full potential, we have to put the frontal lobes of our forebrain (cerebral hemispheres), by far the largest part of the brain – and the most recent in evolutionary terms – through its paces, on a regular basis. Those neural networks need to be lit up regularly to get the most of our capacity for rational thought and reasoning, prime functions of the frontal lobes.

Let’s start by just looking at three different divisions of the brain: the forebrain, that we’ve already touched on; the midbrain and the hindbrain. These three divisions of the brain all represent different stages of our evolution. As I mentioned, the forebrain is the most recent part, being most developed in humans compared with our closest primate relatives, the chimps.

The midbrain and hindbrain together comprise the brain stem, along with the diencephalon, sometimes referred to as the ‘between brain’ as it borders the upper parts of the brain, that includes the forebrain.

>>> [Find out more](#) about the anatomy and functions of the three main divisions of the brain

The take-home here is that as humans evolved, so did the range of functions of our brain – and I’ve summarised some of the key functions of each of these key divisions of the brain below.

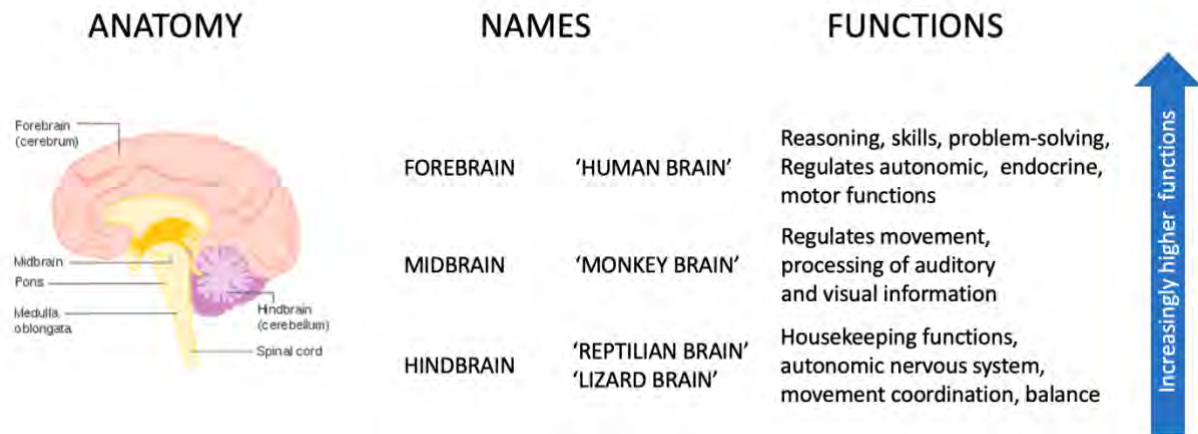


Figure. The 3 divisions of the human brain, common names and key functions. © 2021 Alliance for Natural Health Intl

The midbrain is the relay station of the central nervous system – all sensory functions pass through it – it's like a relatively primitive smoke detector that's looking for fire (threats) - that responds to anything that looks vaguely like a fire. When we experience fear or are exposed to stress – especially chronic stress – we disengage our frontal lobes and stop thinking rationally, with reason. We lose part of our humanity and become more primitive, more like our chimp relatives, casting aside tens of thousands of years of independent evolution from the *Pan* genus (chimpanzees).

I mentioned in the subheading to this section there were 5 compartments to the human brain. I wanted to mention the left and right hemisphere divide of our cerebrum.

The reason I raise this way of looking at the human brain is, I believe, important after much of the world has been exposed to horror stories about an invisible enemy for nearly a year. Many people have left the best bit of their brains in the long grass, and have reverted to their monkey or even reptilian brains. They can perform all the rudimentary functions to survive but they lack the ability to see any of it in context, know what information is missing or uncertain, or what other information they need to make a rational decision when scientific uncertainty is the order of the day.

Let's get back to the Independent article and see how we can use the 5 premises it suggests are linked to smart people, hopefully engaging our frontal lobes in the process.

Let's get smart

1. Own your mistakes, don't blame others

One of the things we're going to have to come to terms with is that uncertainty, political and corporate pressure hasn't necessarily delivered outcomes that work for the majority of people. All of us, politicians and world leaders included, have made mistakes. Where we continue to be forced to accept limitations to our freedom that are the result of mistaken interpretation – or worse, deliberate misinterpretation – of the science, the sooner we can move on, the better. Those who've also said there is

no virus at all, perhaps need to re-evaluate the evidence. Let's be honest with ourselves, and with each other.

2. **Accept that others might be right**

The main point I want to make here is the need for everyone on all sides to maintain an open mind, especially given the uncertainty that is all around us, and avoid marginalisation or censorship of dissenting views. The idea that things are black and white when they are shades of grey – owing to the uncertainty around the interaction of a new host-pathogen interaction and the human response to it – is spurious. As Schonhaar and Wolf propose, what is called the [Dunning-Kruger effect](#), which makes incompetent people overestimate their competence and ignore the competence of others, comes into play in a big way. What has happened is a travesty to science, to democracy and to reasoned argument, that is fundamental to all so-called civilised societies. The silencing by government authorities and private corporations that control the airwaves and the status quo of those with contrary views can only happen if those views are a threat. Why are dissenting views not received and subjected to analytical discourse – in the knowledge that something closer to some kind of truth will emerge? We need to be very concerned about the degree of censorship to which we're currently exposed – and we need to work diligently to reverse it.

3. **Don't react to conflict with anger and aggression**

This is one for all of us. Polarisation has become a feature of contemporary society during this covid era. Forcibly denying views that don't concert with your own could be seen as a survival instinct, driven by our 'monkey' midbrains; let's eliminate the source of the threat. We need to have respect for all views, trying to put ourselves in the shoes of those with opposing views. I have been surprised by those in the natural health and integrative medicine community who have rallied in support of vaccines over immune protocols, but perhaps they're concerned for their own vulnerability in the face of a new pathogen? Perhaps they're drawn to be part of the mainstream system from which they have been marginalised for a lifetime? We need to share our differing views, and see what our forebrains do with the massive amount of information we have on the subject. As learning theorists and philosophers like John Dewey and David Kolb [have taught us](#), let's reflect, not be slaves to our belief systems or our particular streams of consciousness that may be greatly affected by our individual experiences, things that are often not in our control. That includes being exposed to the mainstream narrative on covid-19 via the vast majority of broadcast media channels.

4. **Don't ignore the needs and feelings of others**

We can't be so sure of ourselves, that we deny the feelings or views of others. We can be very bad listeners, especially if we're in the place of fear once we revert to our 'monkey' or 'lizard' brains. It works both ways. At this point, it would be hard to argue that suspending the right to protest or cast a democratic vote hasn't denied the needs and feelings of others. Closing the social media accounts of those who've exercised what they thought was their right to freedom of expression is also a denial of a fundamental right, of a need, and associated feelings. As the owner of a very powerful and influential private company, Zuckerberg and his ilk may feel entitled to do what they like. But that doesn't necessarily make it right – or even smart.

5. Don't think you're better than everyone else

This is an interesting one. It comes down to where we are with our sense of self or ego. I think the conspiracy theory tag is now so widely used to tarnish those who have a different view, it's become a fantastic tool – developed at very high levels of the system that now has the controlling influence over the direction of human society – for the cancel culture. The people with the power to cancel see themselves as superior to those they've cancelled. They even think they may even bask in the glory of cancelling others, without adequately considering the who or what they have cancelled, let alone the implications - personal, as well as public.

Footnote

If you've got this far, thank you for listening (reading). I'm deeply disturbed about where we've got to in society, and government, and the corporatocracy. How we're meant to accept the balance between public health and freedoms or privacy as dictated to us by authoritarian regimes. I am increasingly feeling that we'd do better to start looking for the next part of the solution within ourselves, rather than outside.

We often hear via the mainstream media that we've entered an existential crisis. But that doesn't mean we need to retreat to our primitive brains. Let's do the opposite and expand our horizons, and broaden the information and ideas to which we're exposed. For me this has been a journey as I come to terms with the views of people [like Klaus Schwab](#), via his two books the *Fourth Industrial Revolution* and *Covid-19: The Great Reset*. I will admit here and now that there are many views expressed in these books that I share, particularly around environmental issues. There are others, notably around synthetic biology, implantable devices and trans-humanism, that I don't. But that's OK.

Let's appreciate that there is a huge amount we don't yet understand. Let's tune in to the spiritual energy that binds us all together, along with all the other life forms with which we share this delicate planet.

Let's all try to be a little bit more human.

Have your say on UK digital trust framework

If you live in the UK, you have till noon on 11th March to have your views heard on the introduction of digital IDs via a new govt consultation

Date: 3 March 2021

Content Sections

- [Video transcript](#)
- [Vaccine passports - the 'legals' by Barrister Daniel Barnett](#)
- [Find out more](#)

The UK Government has launched a new consultation on the subject of digital IDs. The deadline for [having your voice heard](#) is **noon on Thursday 11th March**. We hope that you feel strongly enough about the potential ramifications of digital IDs, let alone the issues arising from the Government handing unregulated Big or Small Tech companies the mandate to handle our personal data, to have your say. Whilst this consultation doesn't specifically mention vaccine passports, the wording around building a "*UK digital ID trust framework*" is clearly laying the foundations that would allow for such an eventuality in the future.

We have analysed the consultation carefully and assessed the possible ramifications in the wording. Our 5-minute video below provides a brief summary and an overview of our 4 main concerns. Following is a transcript of the content if you prefer the written word.

At the end of this article is a new video from UK Barrister Daniel Barnett (who we featured two weeks ago [on mandatory vaccination](#)). This is his newest, balanced legal explainer video reviewing the issues surrounding the introduction of Covid-19 vaccine passports within the UK. You also might like to know that there are two petitions running concurrently in the UK regarding vaccine passports. At the time of writing, the results are as follows:

[Introduce a 'Vaccination Passport' for international travel](#) - 4,295 signatures

[Do not rollout Covid-19 vaccine passports](#) - 250,804 signatures

That's nearly 60 times (!) more people voting against, rather than for, vaccine passports. That's after most people are desperate to travel, following almost a year of 'house arrest'.

Video transcript

The UK Department for Digital, Culture, Media & Sport (DCMS) is asking for the views of UK citizens via an online survey about its proposed '[trust framework](#)' for digital IDs.

The deadline for responses to the [DCMS survey](#) is 12pm, 11 March 2021:

This public survey follows a [consultation in 2020](#) that it held with the Cabinet Office's Government Digital Service (GDS) that fed into the development of the government-held digital ID approach.

It looked at how government-held digital attributes would be used by citizens, what criteria would be used for trust, and what the role of the government and industry will be in developing digital ID.

The UK government makes a persuasive argument for why [digital IDs](#) might be useful – to citizens – but, unsurprisingly, also for government and industry. These include the usual justifications:

- They simplify the ID process
- They're more convenient than driving licenses, credit cards or other forms of ID
- They're more secure
- They can be applied universally – and internationally, like driving licenses are today
- And they may be used to try to reduce fraud – including through enhanced surveillance

The main thrust of the survey is around how the government envisages establishing what it calls a ['trust framework'](#).

This is about the private sector – notably the tech industry – can go off and build the technology that it can then sell back to authorities, sellers, venues and anyone else that might have cause to want to know someone's ID.

An important point we want to make before we offer you some suggestions about how you might wish to respond to the survey is that the digital ID movement, driven by Big Tech, Big Government, 5G rollout, and the Internet of Things, has gathered massive momentum.

It's our view is that this makes it, in effect, unstoppable.

At the same time, we do think we have an opportunity to make our views clear about what should and shouldn't be included.

What has been largely unspoken about digital IDs up until now is the option for an opt-out. Just like with natural health – it's about protecting the rights of those who want to do things differently.

The UK government survey that you'll find in the link below asks you various questions, and offers you blank text fields for some answers.

We think the four most important things that need to be communicated to the UK government through the survey are this:

1. That there must be no unsolicited sharing of digital ID data with the private sector

2. We demand that conventional, non-digital IDs are maintained as an option for use alongside digital IDs in all situations where a digital ID may be used
3. That there is no discrimination, as well as no reduced privileges or penalties for those who do not choose to use digital IDs
4. That the UK government does not link or incorporate vaccination 'passports' into digital IDs, as this would undermine both equity and privacy, while introducing a host of major ethical challenges.

Contrary to advice from the World Health Organization, Boris Johnson has said vaccination passports are coming "whatever" because of pressure from many countries that believe they're needed for international travel.

Boris Johnson, Matt Hancock, Michael Gove and others in the UK cabinet need to heed the concerns raised by the World Health Organization in its interim position paper dated 5 February 2021.

The UK Government needs to hear that the British people are not ready to relinquish hard won freedoms and privacy, including over their health care choices

If you're British, or you live in the UK – please have your say before the 11th of March. We need as many people to share their views as possible.

You'll find the link to the UK government survey and associated policy paper beneath this video, along with some key points you may wish to include in order to ensure our rights to equality, justice, freedom and privacy are respected.

Please share this video as widely as you can with your friends, family and social networks. Thank you.

Vaccine passports - the 'legals' by Barrister Daniel Barnett
<https://youtu.be/zUjkEdUHN58>

[Find out more](#)

Policy paper: *The UK digital identity and attributes trust framework, 11 Feb 2021*

Survey link: https://dcms.eu.qualtrics.com/jfe/form/SV_4HZDsoOJSCWrV0q

Covid tests in school could harm or mislead

We ask why the risks and reliability of lateral flow tests aren't being shared publicly

Date: 11 March 2021

Content Sections

- [Kids – fancy poking your brains?](#)
- [Why lateral flow testing in schools is deeply misleading – and a waste of public money](#)
- [Spit or swab?](#)

The UK is 12 days away from the anniversary of the start of lockdown 2020 in the wake of the World Health Organization's declaration of a pandemic. The initial call to the British people for just "3 weeks to save the NHS" has been spun out to nearly a year. But could the extension of the furlough scheme (a fledgling [universal basic income](#) scheme perhaps?) through to September 2021 tells us a bit more about how long to expect restrictions to our freedoms. And given furlough dates have already been kicked down the road three times..... It's not just the UK either, many other countries in Europe and elsewhere in the world remain in some form of lockdown.

Kids in UK returned to school this week — the first step in a painfully slow easing of restrictions [tabled to last months](#). However, this is only on the grounds that children undergo regular covid-19 testing and follow mask mandates now extended into classrooms as well as common areas. All of which comes at a cost, both to the health and wellbeing of the children as well siphoning a [whopping £78 million](#) from tax-payers money.

But are these restrictions necessary? Research scientists from the Dept of Infectious Disease at Imperial College, London, suggest not, because of the [extremely low](#) SARS-CoV-2 transmission rates in schools.

[Kids – fancy poking your brains?](#)

Some people are rightly concerned that the improper use of nasal swabs used in PCR or lateral flow testing may result in damage to the delicate membrane protecting the brain. But if you were to [believe the fact-checkers](#), you'd assume this is nothing more than a conspiracy theory. But as has been demonstrated in many other instances, the fact checkers have got it wrong again. There is a risk – and that risk gets greater as more and more untrained people (now including children) administer their own swabs.

In October 2020, [a case report](#) was published in *JAMA Otolaryngology-Head & Neck Surgery* detailing the case of a woman whose brain membrane was pierced by a covid test swab resulting in the leakage of cerebrospinal fluid. A second woman in the US recently had [a similar experience](#). Assessing the use of nasal swabs, [researchers publishing in JAMA Otolaryngology-Head & Neck Surgery](#) issued warnings about the risks for the

millions who are now routinely going to undergo tests, especially from inexpertly administered nasal swabs.

And who's administering the nasal swabs in schools? The [schoolchildren themselves](#)! Let's hope that when kids do it wrong, it's because they don't go deep enough — not too deep. What no one seems to be being told is that the cribriform plate, the significant part that separates the brain from the nasal cavity is a delicate, soft, honey-comb or sieve-like structure that is thin and narrow with tiny perforations. This is why it's a perfect site for endoscopic transnasal skull-based surgery. But clearly it's proven nonsense to suggest someone inept at wielding a nasal swab can't push their swab into their brain.

Why lateral flow testing in schools is deeply misleading – and a waste of public money

Nearly 57 million [lateral flow test \(LFT\) kits](#) have been delivered to schools in the UK.

Concerns have been levelled at their accuracy due to the number of [false positive results](#) they return. Conversely, there are also concerns over the high levels of false negatives, although this is less of an issue as true negative rates are far lower than is generally thought. Views around the use of mass testing to detect SARS-CoV-2 are mixed with concerns that mass testing [does not prevent transmission of the virus](#). Confusion [reigns](#) in terms of positive tests. If a child tests positive at home and a subsequent PCR test comes back negative that child can return to school.

However, if a positive LFT test has been undertaken on school premises the pupil and their contacts [will have to self-isolate](#) whether or not they have a negative PCR test as the government considers the chances of the LFT test being a false positive as minimal.

We have previously discussed the problems with [PCR testing](#) and the significantly increased likelihood of a test returning a positive result when prevalence of the virus in the community is low. The same problem applies to lateral flow tests. To illustrate this we plugged in the sensitivity and specificity data (77.8% and 99.68% respectively) from the [Innova rapid flow test](#) into the [MedCalc Diagnostic test evaluation calculator](#). The aims were to calculate the Positive Predictive Value (PPV) (i.e. the probability that SARS-CoV-2 is present when the test is positive) and the Negative Predictive Value (NPV) (i.e. the probability that SARS-CoV-2 is not present when the test is negative) taking into account the low prevalence (amount) of infection in a given population.

This is important because, as we explained in our 'Casedemic' piece that [critiqued PCR tests](#), Bayesian theory makes it essential that we take into account prevalence when considering the false positive and negative rates of any diagnostic test. A key fact that the UK's health minister, Matt Hancock, just [can't seem to wrap his head around](#) — or chooses not to.

We've used three prevalence rates: 0.14% (taken from [NHS Test & Trace data](#)), then halved that (0.07%) and doubled it (0.28%), to take into account variation, as prevalence is something of a moving feast.

At these prevalences, you'll find much lower positive predictive values (PPVs) than claims around accuracy being made by government.

For the three prevalence rates, 0.07%, 0.14% and 0.28%, the chances of a positive test successfully indicating the presence of the infection is 15%, 25% and 41%, respectively. That's something school kids, parents and their teachers are just not being told.

The Royal Statistical Society's covid-19 taskforce has [also raised concerns](#) over the risk of 'positive' tests when infection prevalence is low. Isn't it odd that no one seems to be listening? We'd ask again: where is the cost/benefit analysis showing that this massive purchase using taxpayers money of 57 million lateral flow test kits was justified for schools?

Spit or swab?

Nose and throat swab testing can not only potentially harm the person being tested, it's also downright unpleasant. Is there a better way of testing? Actually there is, but we're not hearing much about it. It involves the plethora of saliva tests that [appear to be as effective](#) as the lateral flow tests — and far easier to administer? A [recent study](#) published in the *New England Journal of Medicine* found that a far higher number of saliva samples were positive for up to 10 days following diagnosis of covid-19 compared to swab samples.

Saliva tests are becoming increasingly available, but have yet to be utilised by governments.

Here are some details:

USA

- [SalivaDirect](#) - developed by Yale School of Public Health was [approved for use](#) by the US Food & Drug Administration (FDA) in August of last year
- Scientists at Washington University have [announced the development](#) of a saliva test they hope could be used at scale
- [DxTerity](#) has added a saliva based SARS-CoV-2 test to its portfolio

UK

- [Covguard saliva tests](#) are available to UK citizens
- [Vatic Health](#) is another UK based offering created by a team of scientists, engineers and designers
- And if you're looking for saliva tests that also fulfill 'Fit to Fly' requirements then take a look at [Fitness Genes](#) and [Hydro-x](#)

Australia

- A team at the [University of Technology, Sydney](#) have developed a very sensitive saliva test for SARS-CoV-2 antigens that can deliver results in under 15 minutes.

Revisiting the Great Reset

Why complacency is not an option for our futures – or natural health

Date: 24 February 2021

Content Sections

- [• WEF focal point for world order transition](#)
- [• Why it might just happen \(unless we stop it\)](#)
- [• In case you're still unsure](#)
- [• Let's not lose sight of our rights](#)

By Rob Verkerk PhD, founder, executive & scientific director

The twin forces of globalization and technology are transforming our economies, workplaces, communities and families. In advanced and emerging economies, decelerating growth, job disruption, rising inequality and a broken social contract are creating unrest and instability. Yet there has never been a better time to mobilize technology and to unleash the human capability to address these challenges and shape a new socio-economic system that provides opportunity for all. - The World Economic Forum

If it were possible, wouldn't we all love to witness the arrival of a new socio-economic system that "provides opportunity for all"? Trouble is, it's never been done before. Marx and Engels thought they would try it – but every communist system the planet has witnessed has been controlled by a cabal of sorts. Is the new system still going to be a capitalist one, with the means of production still being privately owned? Or is it going to be some kind of re-imagined form of capitalism, green socialism or a socialist-capitalist, public-private, hybrid system governed by a global corporatocracy built out of a fusion between governments and mega-corporations? Rather than speculating, is there anywhere we can go to get more granular information on what this new socio-economic (and therefore political) system might look like?

KEY POINTS

- What will post pandemic socio-economic systems look like and how will they affect individual autonomy to choose the way we look after our health?
- The World Economic Forum is among the leading think tanks suggesting ways to use the "once-in-a-lifetime opportunity" of covid-19 to transform society and the way we live our lives under the headline of 'The Great Reset'
- The Great Reset is viewed by the WEF as a 're-imagination of capitalism' but it involves social contracts and stakeholder shareholding that could significantly change autonomy over our lives, including health choices
- Many different interpretations and critiques have been offered about the Great Reset but when they are critical they are generally labelled as conspiracy theory

- Some objectives for the Great Reset are laudable, others – mainly linked to the technologies described in the Klaus Schwab’s Fourth Industrial Revolution book (2017) – are concerning
- The pandemic has aligned UN agencies, major governments and big corporations with the Great Reset in ways that have never been seen before
- It is difficult to predict what the future holds, but we cannot afford to become complacent. Especially during the very unusual circumstances we find ourselves as we emerge from a pandemic.

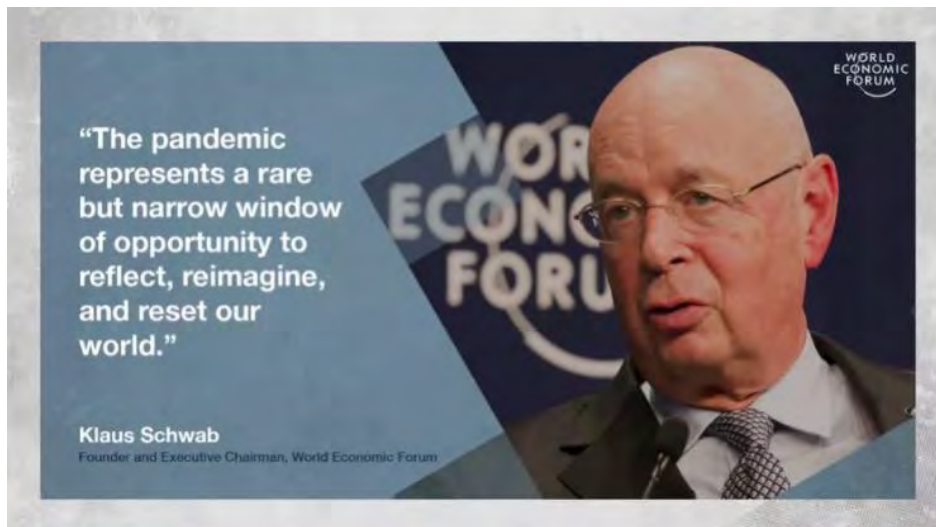
Before looking at how we might gather information in an attempt to answer these questions, I should point out why a non-profit like ours – focusing on natural, sustainable and regenerative health – has such a keen interest in the kinds of future socio-economic-political systems that might be in preparation for us. The short answer is that the prevailing system, whatever form that might take, has a huge influence on how most people are able to control their health. At ANH, we deeply value personal responsibility and autonomy in health care choices.

We also know that there is a great need to disrupt the status quo that has controlled the delivery of healthcare since WWII and if we continue to find ourselves in a democratic society, we need to play with the strings of that system to garner influence on how we go about managing human health. For us – that vision is set out in our [blueprint for health system sustainability](#).

WEF focal point for world order transition

There is no question that the starting point would have to be the non-profit, World Economic Forum (WEF) that describes its mission as being “*committed to improving the state of the world*”. Why? Because this organisation – that has been building its connections and influence through successive annual meetings in Davos over many years – is without doubt the ringleader of any new control system for human societies on planet Earth. It has masterminded a global process that aims to bring about the transition from what is considered to be a failing capitalist system that has brought about everything from gaping social and economic inequalities and ecological devastation through to geo-political and social instability. Characterised in that way – any rational person would have to agree we need to do things differently.

The masterplan that is presented to us by the WEF is called [the Great Reset](#). We drew attention to it in our video and transcript, [The Great Reset or the Great Divide](#), in mid-October. Perversely, despite referencing authoritative sources, mainly the WEF itself, the video was censored by YouTube within minutes of going live. It seems the bots were ready for us – and probably anyone else that wasn’t deemed to have the right (no pun intended) leanings.



Source: [World Economic Forum](#)

Nothing will ever return to the “broken” sense of normalcy that prevailed prior to the crisis because the coronavirus pandemic marks a fundamental inflection point in our global trajectory.- Klaus Schwab and Thierry Malleret, “COVID-19: The Great Reset” (2020). Apple Books.

So what have we learned since October?

One of the most remarkable shifts is that this masterplan is now being labelled by many mainstream sources as a conspiracy theory. That’s probably because the WEF hadn’t correctly anticipated how the public would react once its views were communicated more widely.

It seems that so-called conspiracy theorists are viewed as having corrupted a wonderful idea that could save us all from unfair and dirty capitalism. The conspiracy theory apparently now blends “*legitimate critiques with truly dangerous anti-vaccination fantasies and outright coronavirus denialism*”. As you dig into the area (type in ‘Great Reset conspiracy theory’ in Google) you’ll find there isn’t just one ‘conspiracy theory’ about the Great Reset; there are many, depending on world view, political persuasion, and depth of research, among other factors.

The BBC – increasingly a journalistically unbalanced mouthpiece for the status quo – fact checked the Great Reset back in November.

We start with the revival of the baseless conspiracy theory, known as the ‘Great Reset’, which claims a group of world leaders orchestrated the pandemic to take control of the global economy.

- BBC News, 'The coronavirus pandemic 'Great Reset' theory and a false vaccine claim debunked', 22 Nov 2020

The only nuggets in the [BBC's fact check](#) from last November that shine any light on issues that are of concern to us are unsupported by evidence. The BBC news report states:

"But the suggestion that politicians planned the virus, or are using it to destroy capitalism is wholly without evidence.

So too is the notion that the World Economic Forum has the authority to tell other countries what to do, or that it is coordinating a secret cabal of world leaders."

While there may be no hard evidence that politicians are wanting to destroy the existing capitalist system in the West, there is plenty of evidence for an interest in transitioning the world order. Angela Merkel (Germany), Emmanuel Macron (France), Justin Trudeau (Canada) and Joe Biden (USA) have all repeatedly stated this, often referencing the associated ['build back better' slogan](#).

In fact, 'build back better' and all that goes along with it, is a product of the thinking emerging from consecutive annual summits in Davos convened by the WEF meetings each January (this year the summit was virtual). But the idea of switching to a new control system for humanity hasn't just been concocted in 2020. It's been years in the making.

It was considered after the global financial crisis of 2007-8 with its ["Shaping the Post-Crisis World"](#) (2009) to ["Rethink, Redesign, Rebuild"](#) (2010). Then there was ["The Great Transformation"](#) (2012) and ["Creating a Shared Future in a Fractured World"](#) (2018).

The Great Reset of 2020, brought to life in WEF founder Klaus Schwab's 2020 book, *'Covid 19: The Great Reset'*, is largely a reiteration of the re-imagining of capitalism expressed in these previous WEF reports. The candy that WEF uses to draw us in is, superficially at least, and as one would expect (for candy!), quite appealing. Boris Johnson – like Joe Biden, Justin Trudeau and many other world leaders – is [all in for the Great Reset](#), promoting the 'build, back, better' slogan and committing to *"create a fairer, greener and more prosperous future"* as he prepares for the G7 in Cornwall in June.

There are three main components to the planned Great Reset:

1. World governments should commit to *"improve coordination (for example, in tax, regulatory and fiscal policy), upgrade trade arrangements and create the conditions for a 'stakeholder economy."* The pandemic-induced recession is being used as the justification for this.
2. Investments should advance the shared goals of equality and sustainability. This would incentivise green futures and socially and environmentally focused *"ambitious economic stimulus plans."* Including the building of *"'green' urban infrastructure and creating incentives for industries to improve their track record on environmental, social and governance (ESG) metrics."*

3. The third and final component would be to “*harness the innovations of the Fourth Industrial Revolution to support the public good, especially by addressing health and social challenges.*” This includes fast-tracking the health-tech interface that includes everything from mass screening, synthetic biology vaccines, implantable mobile devices and even – if you work your way to the penultimate technology (Shift 22) discussed in Schwab’s 2017 book, the ‘*Fourth Industrial Revolution*’, the creation of designer beings “*whose genome was directly and deliberately edited*”. If that’s not enough for you, you can progress to the final technology, labelled drily as ‘Neurotechnologies’, but referring explicitly to humans with implanted artificial memories.

How do you do all of this? The WEF give us the road map. It involves social contracts, stakeholder capitalism and global governance (this latter term tends to be conveyed in different words, for example as [strategic partnerships](#) both with UN agencies, with [the OECD](#)) and with the [big corporate world](#).

Not everyone likes this. [FIAN International](#), a non-profit that works to expose social injustices that interfere with food security, something the WEF professes to want to fix, condemn this [new partnership between the WEF and UN](#). This is because they know that transnational corporations will be given “*preferential and deferential access to the UN system at the expense of states and public interest actors.*”

Many of us are concerned that the Great Reset isn’t in the public interest. We see the honey coating, but are concerned it’s something of a decoy. It’s the soft centre that we’re concerned about. Even if you think differently, perhaps because you think the world is in such a tenuous place, you may think it’s worth the risk of doing something radically different. So what’s the chances of these wild ideas that have been imagined and re-imagined for well over a decade ever seeing the light of day?

Why it might just happen (unless we stop it)

It would be easy to be complacent. It would be plain lazy, in my view, to uphold that the planned installation of a new order of global governance has, as yet, never happened, so it will never happen.

Let me list several reasons why I think it’s a high possibility that the Great Reset plan will be initiated in a form that’s not in the public interest if the grassroots do nothing to re-shape its intent:

1. **The pandemic the provides ‘[the once-in-a-lifetime opportunity](#)’.** During the last 12 months we’ve seen a transition in the world order most of us thought was implausible or impossible. The crisis has enabled a manipulation of the public, the installation of such fear and mass hysteria, that the majority of the public have become malleable. Those who’ve dissented have been silenced and the fundamental right to protest has been conveniently sidelined. As we continue to learn through our work with the [World Doctors Alliance](#), medical doctors who speak out lose their licenses to practise. Social media that contravenes the mainstream narrative around the pandemic is censored. As a result of the actions taken by governments, fully supported and even coordinated by the WEF and UN agencies, we’ve entered the

greatest recession of our lifetimes, with millions of businesses being forced to close around the world – especially smaller ones.

2. **Signed up and ready to go.** In previous iterations of ‘a great transformation’ (i.e. a ‘new world order’, the relevance of this phrase having been downgraded by its relegation to a conspiracy theory), governmental and inter-governmental agencies weren’t fully on board. Many countries had a greater interest in their own sovereignty than they did in giving it up for the greater good. Corporations still felt that their competitive edge might deliver better outcomes for their shareholders than succumbing to a new form of more socialistic, stakeholder capitalism aligned with social contracts among the workers that would force them into a global plan over which they had less control. We now have a unique situation in which societies and economies are deep in crisis – ostensibly because of a single infectious disease (but actually as a result of policies justified as remedies for it). The perfect storm has been created to ensure that corporates and inter-governmental organisations like the UN and OECD are now fully signed up – and ready to press go. Communications are vital to the plan – and this is where it’s important to know that one of the world’s biggest communications groups, Publicis Groupe in France, the mission of which is to “*win in the platform world*” is also fully onboard.
3. **The bio-techno rollout is already underway.** Given that the third component of the Great Reset is the implementation of the Fourth Industrial Revolution, we have to consider just how ready the technocrats are to usurp control over our lives. Short answer: very. Two markers for this are: 1) we’ve seen the seamless introduction of artificial genetic material in the form of covid vaccines introduced via mass vaccination programmes, and; 2) the pandemic year of 2020 heralded an unparalleled launching of objects into outer space (satellites) that will become an increasing mechanism for the global management of human populations and the environment, as set out in the UN Sustainable Development Goals (SDGs).

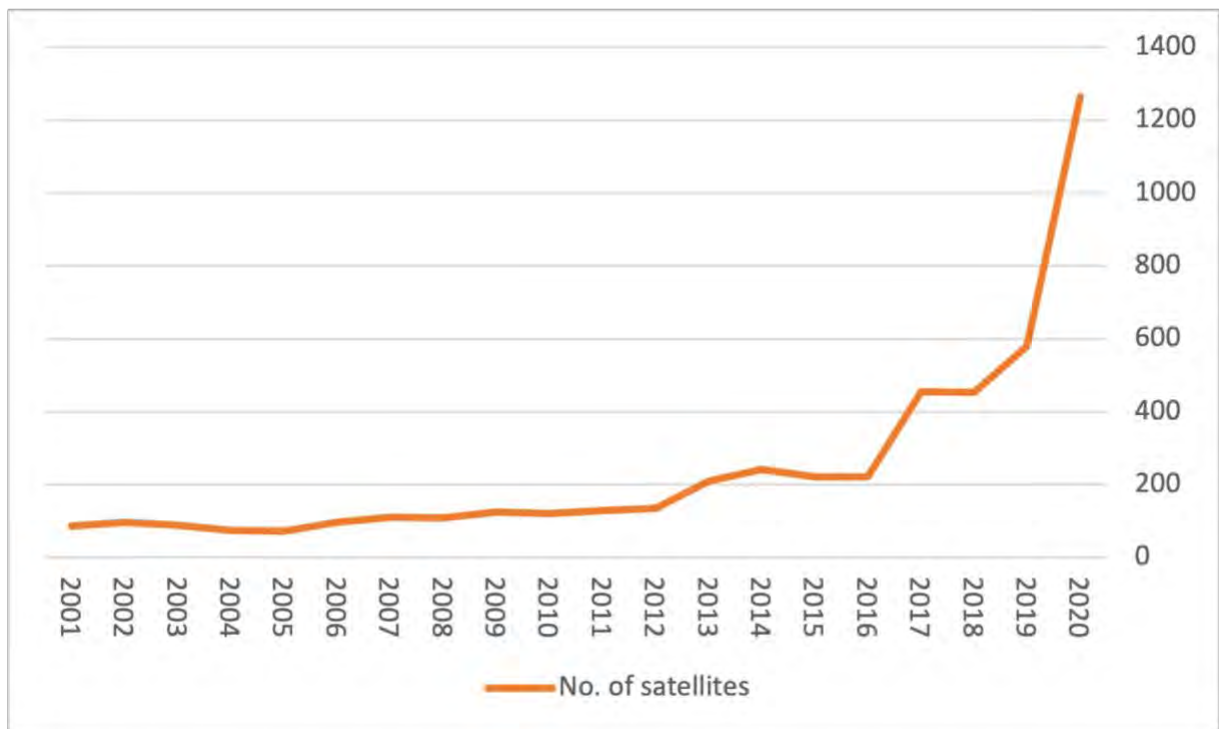


Figure: Number of satellites launched between 2001 and 2020 as reported by the UN Office for Outer Space Affairs. Data source: [UN Office for Outer Space Affairs](#).

In case you're still unsure

Boris Johnson is in. Check out his tweet below.

McKinsey, one of the world's leading management consulting firms, is [signed up to](#) the Great Reset too (but you may have already noted the company's a signatory to the [strategic partnership with WEF](#)).

The [agenda](#) of the Davos summit convened virtually in January by the WEF reminds us the plan is in full swing, despite little reporting in the mainstream media.

To call the Great Reset a conspiracy theory is, dare I say it, a conspiracy theory. Those who are pulling the strings in this pandemic and post-pandemic world will give it their best shot, have no doubt, to reset the control system for our planet – without having consulted any of us. That just ain't democratic.

Let's not lose sight of our rights

If there is not a public appetite for the type of Great Reset the Davos crew are planning for us, it will be impossible for them to pull it off. The Great Reset, as it currently stands, while being dressed up as a system to repair inequalities and environmental damage on our delicate planet, is actually a form of favouritism for special interests. It could also be regarded as an extreme form of global cronyism. If you want to see the beneficiaries, check out the big influencers in Davos.

If YouTube likes and dislikes are anything to go by, the very polished WEF video outputs on the Great Reset aren't fairing well. Videos of those critical of the Great Reset do much better. You can see our analysis in table below.

Table. Great Reset related video content on YouTube, showing % likes versus dislikes (World Economic Forum videos in bold)

Date	Source	Video title / link	Views	Like s	Dislik es	Total likes & dislike s	% likes compa red with dislike s
Jan-21	World Economic Forum	What is the Great Reset? Davos Agenda 2021	414,980	2600	30,000	32,600	8

Jul-20	World Economic Forum	<u>COVID-19: The Great Reset</u>	899,542	4400	26,000	30,400	14
Dec-20	Economics Explained	<u>What is "The Great Reset" & Why are People So Worried About It?</u>	1,279,486	39,000	3,500	42,500	92
Jan-21	Russell Brand	<u>The Great Reset – Conspiracy or Fact?</u>	799,650	27,000	2,400	29,400	92
Jan-21	Russell Brand	<u>"You will own nothing, and you will be happy"? The Great Reset</u>	1,347,714	63,000	2,400	65,400	96
Dec-20	World Economic Forum	<u>A New Vision for Leadership in the Great Reset Jobs Reset Summit 2020</u>	24,001	158	1,700	1,858	9
Dec-20	CBSNews	<u>"Great Reset" conspiracy theory takes aim at President</u>	74,628	530	2,900	3,430	15

		<u>-elect Joe Biden</u>					
Dec-20	Graham Stephen	<u>WARNING: The Great Reset Of 2021 Explained</u>	746,316	44,000	3,800	47,800	92
Oct-20	World Economic Forum	<u>The Great Reset: Revitalizing Global Partnerships</u>	33,869	225	1,400	1,625	14
Jul-20	World Economic Forum	<u>COVID-19: The Great Reset</u>	899,558	4,400	26,000	30,400	14
Jun-20	World Economic Forum	<u>The Great Reset</u>	1,340,182	7,500	51,000	58,500	13
Oct-20	Sky News Australia	<u>The Great Reset: Globalists using the virus to destroy the 'Old World Order'</u>	85,913	3,400	73	3,473	98

The biggest danger we face is complacency. The next biggest danger is that that most people are having great difficulty discerning conspiracy theory and fake news from conspiracy fact and real news. That's deliberate. It's the oldest trick in the book – it's a smokescreen.

All we want to do right now, as we continue to evaluate the evidence, is keep you on your toes over what's going on. Please don't accept that everything that sounds outlandish and related to the Great Reset is conspiracy theory. It isn't. Read the Fourth Industrial revolution

if you haven't already. It will inform you of the game plan. If you feel you don't have a say in helping to shape the political, economic and social system that surrounds you, you know that democracy isn't enabled. That's something we all need to rally against – while maintaining a clear vision of a future that has all the honey that the WEF has been teasing us with – but without the bitter soft centre.

Please share widely. Please help awaken those who have not yet taken stock of our current reality.

>>> ***The Great Reset or the Great Divide?*** [The World Economic Forum's exit strategy from Covid-19 is based on false assumptions \(ANH-Intl, Oct 2020\)](#)

Playing poke(r) with our kids

Is the potential damage to our children's health and wellbeing a price we should be paying to regain 'normality'?

Date: 17 March 2021

Content Sections

- [Getting into the flow](#)
- [Poker – fact-checked!](#)
- [Carcinogen in nasal swabs](#)
- [Washing away natural protections](#)
- [Mask up](#)
- [Epilogue](#)

It's our consecutive week on the subject of kids, our futures. [Last week](#) we warned of the irresponsibility of exposing kids to routine nose swabs, especially ones administered by themselves, as well as the inaccuracy of lateral flow tests.

Our media team has created a fantastic 1950s-style video that we hope can be circulated widely on social media – drawing more attention to last week's and this article.

Call to action: We urge you to watch, enjoy and share widely the video below!

Note: *You will see an advertising banner beneath our videos that play off the Brighteon platform (when they are not maximised). This advertising helps support the Brighteon platform that doesn't charge subscribers for their content, is committed to free speech, yet is also respectful of copyright-related law. We'd like to clarify that no advertising revenue from Brighteon is received by the Alliance for Natural Health Intl.*

KEY POINTS

- Please watch, enjoy and share our new 1950s-style video highlighting the very real dangers of nasal swabs to our children
- Mass testing is causing more problems than it's solving with schools reopening only to close again and many children and their close contacts having to self-isolate, potentially unnecessarily
- We share the MRI scans from an American woman whose brain lining was punctured by a swab
- We expose possible dangers from the use of a known carcinogen used to sterilise swabs prior to use
- Repeated hand washing is causing distressing and painful damage to children's skin

- The harms from long periods of mask wearing by children in school are becoming ever more apparent

Getting into the flow

To supposedly support the return of British kids to school, over 7 million lateral flow tests have so far been undertaken, from nursery to higher education settings. That figure is set to rise dramatically as secondary school pupils are offered the voluntary, but “*strongly encouraged*” opportunity to test twice weekly. Such high levels of testing come at a huge financial, educational and social cost, where only the first of these has been approximated so far.

Multiple media reports abound of schools that have reopened then just as quickly closed along with reports of thousands of children once again at home having to self-isolate because a pupil has received a positive test, which may or may not be an accurate indicator of infection.

All of this when Gavin Williamson, the UK’s education secretary, admitted last year there’s little evidence of significant viral transmission in schools. One wonders if the siloes of education and health within the UK government actually communicate?



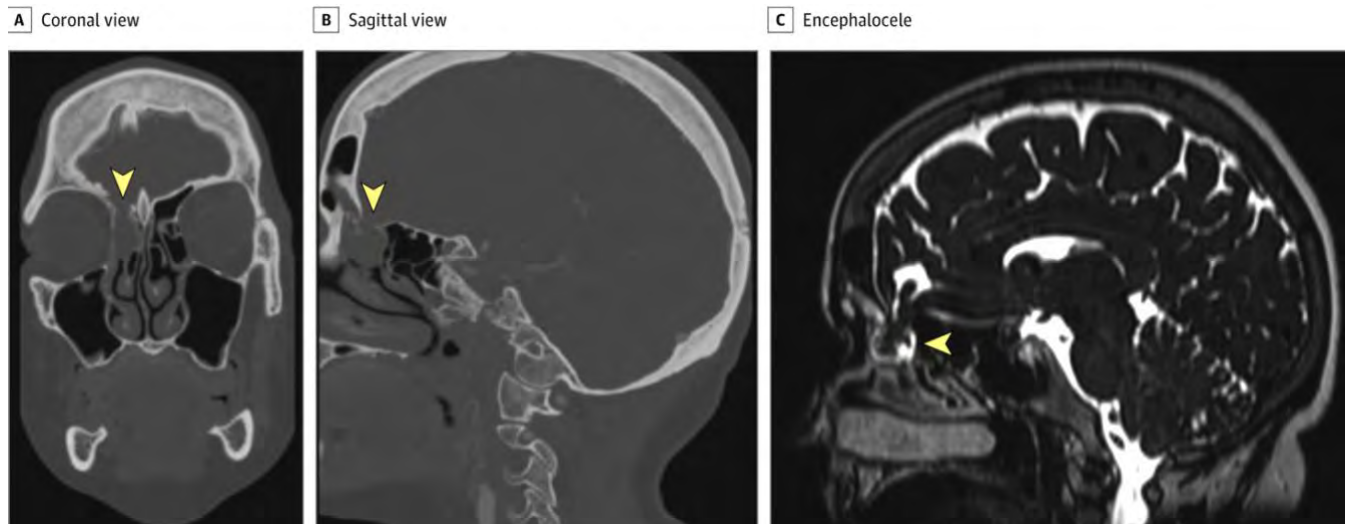
"...one of the largest studies on the coronavirus in schools in the world", would make it "clear there is little evidence that the virus is transmitted at school."

- Gavin Williamson, UK education secretary, BBC News, 10 August 2020

Poker – fact-checked!

Last week we warned of the potential harms of untrained children poking swabs up their noses. Despite the claims of fact checkers to the contrary, this is a very real and possible scenario as can be seen from the MRI scans on a 40-year-old woman who suffered just such an injury.

Figure 1. Imaging prior to cerebrospinal fluid (CSF) leak



A, Brain computed tomographic image from 2017 in the coronal and sagittal planes demonstrating encephalocele situated over the fovea ethmoidalis prior to nasopharyngeal testing for COVID-19. The arrowhead demonstrates skull base defect. B and C, High-resolution magnetic resonance imaging (T2 sequence) in the sagittal plane during hospital admission in July 2020 after development of iatrogenic CSF leak. The yellow arrowheads indicate the encephalocele.

Source: [Sullivan CB, Schwalje AT, Jensen M, et al. Cerebrospinal Fluid Leak After Nasal Swab Testing for Coronavirus Disease 2019. *JAMA Otolaryngol Head Neck Surg.* 2020;146\(12\):1179–1181.](#)

Carcinogen in nasal swabs

Concerns are [now being expressed](#) over the use of a known carcinogen, [ethylene oxide](#) (EtO), to sterilise the swabs used for covid tests. Ethylene oxide is a [commonly used](#) sterilisation agent used in the production of medical devices such as swabs. Exposure to sterilised swabs during the manufacturing process is [carefully monitored](#) due to the known hazards from exposure to EtO.

[Research](#) by the US Environmental Protection Agency (EPA) in 2016, revealed EtO is carcinogenic to humans when it is inhaled. While people are rarely or only occasionally exposed to nasal swabs – what about their unforeseen chronic (repeated) use in children?

As with so many chemicals, it's the dose and level of exposure that makes the poison. And children, particularly young children, are significantly more sensitive to chemical exposures than adults potentially loading the gun for ill health in later life.

Washing away natural protections

Of all the non-pharmaceutical interventions designed to reduce transmission of the SARS-CoV-2 virus, handwashing is considered to be one of the easiest to implement. Simple and safe for all to carry out, with little harm. That is until you introduce harsh chemical sanitisers designed to kill all known bugs. The toll it can take on a child's delicate skin, especially those who suffer from skin conditions such as eczema, can be immense [leading to painful](#),

cracked and bleeding skin, that's extremely distressing. Some parents have resorted to removing their children from school to deal with the problem.

Mask up

Most secondary schools are rigorously applying and policing government recommendations to wear masks when in school. Those who dare to reject the notion often face ridicule from their peers and are placed under extreme pressure by school staff to conform. We're hearing more and more stories of young people struggling in class due to the harms of wearing masks for long periods.

Campaign group, Us for Them, has received many reports of children experiencing breathing difficulties, headaches and dizziness along with light headedness, fatigue and facial rashes (distressing enough for an adult, but even more so for a teenager). Such reports have been echoed in Parliament by MP Robert Halfon, chair of the education committee.

In an attempt to quantify the harms of mask wearing by children, researchers in Germany created a survey to collect feedback from parents, doctors and teachers. Over 20,000 people responded to report harms such as irritability (60%), headache (53%), difficulty concentrating (50%), unhappiness (49%), drowsiness/fatigue (37%) and difficulty learning (38%). It's of no surprise to find an editorial note has since been added to the study published in *Research Square* trying to minimise its finding!

Epilogue

Sadly, such is the myopia over covid-19, there seems to be little concern or sympathy for the plight of our children or the concerns of parents. Or the harms of scientifically unsupported diktats that are being swept aside by the UK and other governments as they continue to marginalise freedom, human rights and the natural course of the relationship between humans and pathogens that have existed for millennia.

With each passing day it seems that any retrospective view of governments' handling of the covid-19 pandemic in 2020-21 will show that the ends, in whatever form that eventually takes, never justified the means and its associated harms.

ANH-Intl Feature: Geert Vanden Bossche – conspiracy theorist, conspirator or prophet?

Could containment and vaccination prolong and worsen the pandemic? Evaluating claims by seasoned vaccinologist, Dr Geert Vanden Bossche

Date: 17 March 2021

Content Sections

- [●What is Dr Vanden Bossche claiming?](#)
- [●From the horse's mouth](#)
- [●Due diligence on a whistleblower](#)
- [●Feeding anti-vax sentiments using pro-vax arguments](#)
- [●Concluding remarks](#)
- [●Find out more](#)

By Robert Verkerk PhD, founder, executive & scientific director



“Given the huge amount of immune escape that will be provoked by mass vaccination campaigns and flanking containment measures, it is difficult to imagine how human interventions would not cause the Covid-19 pandemic to turn into an incredible disaster for global and individual health.”- Geert Vanden Bossche DVM PhD

When someone who appears to have devoted most of their career to developing and helping roll out vaccines globally decides to blow the whistle on the current global mass vaccination program, only an incautious person would choose to ignore it. That's of course just what the mainstream media has done so far – an indicator of just how incautious this communication vehicle has become.

This is actually an important consideration because it is the scientific community and those responsible for deciding how we should respond who really need to engage with Dr Vanden Bossche and his arguments. Owing to the 'my way or the highway' approach taken by the World Health Organization (WHO), the US National Institute for Allergy and Infectious Diseases, the UK Department of Health and others means Dr Vanden Bossche has been forced to release his views [via LinkedIn](#) and fringe media. That makes it very difficult or impossible to have proper scientific discourse on matters that affect all of us, and the future of humankind.

KEY POINTS

- Geert Vanden Bossche DVM PhD has sounded an alarm to the WHO and others that the global mass covid vaccination program may drive an ever greater number of mutations of SARS-CoV-2 leading to ‘immune escape’ and escalating deaths and illness
- Dr Vanden Bossche is convinced we are currently witnessing the calm before the storm - suggesting that the next wave will be much more dramatic than the last two
- ANH founder, Rob Verkerk PhD, examines the authenticity, motivation and scientific basis behind Dr Vanden Bossche’s warning
- Dr Vanden Bossche is promoting an emerging NK cell-based vaccination technology, with which he has a 10-year research background, in place of the novel antigen-based vaccines that are being rolled out globally
- Does this suggest Dr Vanden Bossche has an ulterior motive or vested interest in being heard?
- Why is there no mention of other strategies such as proven dietary and lifestyle interventions to support and enhance innate immune function?
- Will Dr Vanden Bossche go down in the story books as a conspiracy theorist, a conspirator — or a prophet?

Notwithstanding, since Dr Vanden Bossche’s revelations were released into the alternative media a few days ago, we’ve had numerous requests for a response as many try to grapple with his claims and arguments. This article aims to provide a rational response using data available at the time of writing.

What is Dr Vanden Bossche claiming?

>>> You can read the 12-page document linked to [Dr Vanden Bossche’s LinkedIn profile](#). The document was most recently updated on the day of writing this article (17 March 2021)

>>>You can see/hear the interview (42 minutes) with Dr Philip McMillan below:

>>> Watch Dr Geert Vanden Bossche’s urgent message to the WHO (2 minutes):

>>> Watch an in-depth interview (1 hour 48 minutes) by Matt Wong from Discernable:

Dr Vanden Bossche makes many points, so I’ve tried to distil some of the most important:

1. **Prevention and containment measures coupled with vaccinating such a large proportion of the population in a manner that doesn't guarantee elimination of the virus, encourages selective viral 'immune escape'** where viruses continue to be shed from those who are infected because neutralising antibodies have failed to prevent replication and elimination of the virus.
2. **The evolutionary selection pressure on the virus will, through 'immune escape', create ever more virulent strains of the virus** that have a competitive advantage over other variants and will increasingly have the potential to break through the antibody defences provided by the adaptive immune system, so inducing 'vaccine resistance'. Because the current vaccines attempt to train only the adaptive immune system that is highly specific to particular strains, vaccine makers will all the time find themselves on the backfoot as new mutant strains outsmart the vaccines.
3. **The only possibility of eradicating these more virulent strains is via particular white blood cells (lymphocytes) in the innate immune system, namely natural killer (NK) cells.** This Vanden Bossche evidences from knowledge that those who are asymptomatic (e.g. most children) are able to eliminate infection at a very early stage of infection through the enhanced function of the innate ('first response') immune system at the mucosal surfaces of the airways. Vanden Bossche argues nearly all of the deactivation of viruses occurs through the action of NK cells that are polyspecific by nature, because they eliminate the cells infected with the virus so affecting all variants or mutants of the virus.
4. **The worst of the pandemic is still to come;** he argues we are now experiencing the calm before the storm. Vanden Bossche predicts the next wave of infection will be dramatic – far worse than anything we've see to-date. This is because there will be more mutants to which the adaptive immune system provides little resistance, and this will come at the expense of decreased innate immune effectiveness. While he mentions that NK cell-based vaccines, which he claims to have been researching for the last decade or so but about which he also says he has no commercial interest, are the ultimate solution, he believes it is likely too late to escape the storm.

Dr Vanden Bossche points to a lack of evidence that the existing global, mass vaccination program that has been mounted while there is still significant infection around, is unprecedented and there is no scientific evidence that this will work. He stresses that historic vaccination programmes have always emphasised the importance of vaccinating populations prophylactically in the absence of infection pressure.

He also argues that if different types of vaccine were used that provided sterilising immunity i.e. that prevented immune escape and killed all virus in those vaccinated, the situation would be entirely different. It just so happens, his specialisation is in the development of natural killer cell vaccines that provide sterilising immunity. He argues there is now evidence that NK cells can acquire memory and this could allow the manufacture of NK cell-based vaccines that are much simpler than the current antigen-type that rely on the training of the adaptive, not innate, immune system. In fact, he goes as far as saying that this is the only scientifically rational way forward now – to use the NK cell vaccines that target the more virulent strains. Almost in the same breath, he conceded, “...*that while there is a proof of concept, there is [are] no clinical data.*”

[From the horse's mouth](#)

In his Discernable interview with Matt, Dr Vanden Bossche looks coy when asked about NK cell-based vaccines, stressing that he has “*no commercial interest whatsoever...*”. In fact, Dr Vanden Bossche’s commentary in this interview is so illuminating, I’ve included some extracts from the Matt Wong interview below:

“Let’s forget about egos, let’s forget about money. There is only one single thing at stake right now and that is the survival of our human race, frankly speaking. But I must say I have been working for a number of years on NK cell-based vaccines and it’s not like I’m making a big noise because I’d like draw attention to my technology...it’s thank to my insights on how NK cells work, how they play a critical role in eliminating the virus in asymptotically infected people and I have succeeded in unravelling what the strategy is for this virus.”

“We will most likely see that despite increasing vaccination coverage, we see dramatic things happening. The more you put the virus under pressure, the more it is fighting to make people ill....severe disease is the most profitable way for the virus to ensure its propagation and perpetuation, because then people shed for a long time and they then shed a lot of virus.”

“It is the first time in the history of mankind that we are intervening in such a massive way in a pandemic that has never ever occurred before. Now there is at least somebody who stands up and provides scientific evidence and gives a very, very serious warning and it’s probably also unprecedented and I think I’m basically already too late.”

“...Either we outsmart the virus – we are not doing that with current vaccines. Or we accept we go through a natural pandemic where we will have casualties....”

The vaccines we have now are efficacious on an individual level while we don’t have resistance. It will attack first of all people with weak innate immunity. Those who have very strong innate immunity might have mild symptoms or be totally asymptomatic.

Due diligence on a whistleblower

In doing our best to use a balanced and methodical approach to evaluate both scientific aspects of health and dissenting views by whistleblowers, we look particularly at 4 criteria:

1. **The messenger.** Who is the ‘whistleblower’? Is the person credible and does his or her background given the person the competence to make valid comment in the area?
2. **Motivation.** What might be the motivation for whistleblowing? Does the person have anything to gain, whether personal or financial, from blowing the whistle? Also is a ‘real’ whistle really being blown, or the outburst the musings of ‘[controlled opposition](#)’, ‘[astroturfing](#)’ or some other device designed to deceive or manipulate the public?
3. **Vested interests.** Does the messenger, or associated organisations or businesses, have anything to gain by encouraging the dissemination of the whistleblower’s message far and wide?
4. **Scientific credibility of arguments.** How does the science the whistleblower is using stack up against the available body of evidence in the particular area of controversy?

Let me give you a birds-eye-view on the results of our analysis on the above.

About the messenger

Geert vanden Bossche appears to have qualified as a vet in 1983 from the University of Ghent in Belgium and also has a PhD, although it's unclear if this was also awarded by the same university, or not. His publication record, like a lot of industrial scientists, is thin on the ground given who he claims to want to persuade. There are just [8 references to his work in PubMed](#). Three of these, published in 1988, likely relate to his PhD thesis and involve a case report of cachexia syndrome in a donkey mare. The other 5, all published between 1994-5, relate to his work at the University of Hohenheim in Stuttgart, Germany, four of them being specifically on enteroviruses, none of them on vaccines.

His [LinkedIn profile](#) states he is a: *“Creative thinker, innovator, entrepreneur and problem solver always open to new consultancy or career opportunities in the field of Vaccines, Life Sciences and/or Global Health to deliver solutions to unmet medical needs.... I am particularly interested in engaging with international companies or organisations in the private or public sector or which are involved in public-private partnerships targeted at translational medicine programs, preferably in the field of Vaccine Innovation...”*

Motivation

Dr Vanden Bossche would definitely have a motive to be heard, although he's at pains to mention this isn't his goal. Based on his interviews, he's spent much of the last 10 years focusing on an entirely novel approach to vaccination based on natural killer (NK) cell-based vaccines that 'train' the innate immune system to respond in a polyspecific manner (e.g. to different variants or epitopes of different viruses).

This is in complete contrast with the current mainstay of vaccine development, which uses highly specific antigen-based vaccines that train the B cells and in turn T cells to target specific variants of viral pathogens. Albeit often using novel platforms (e.g. mRNA, non-replicating viral vector).

In his interviews, he's quick to point out that his motivation to speak out has nothing to do with his interest in NK cell-based vaccine technology. But he does say it is this interest that has permitted him unique insights to the challenges we now face. Almost in contradiction to this seemingly unvested position, he also upholds that this new approach, using NK cell-based vaccines, is the only chance for humanity. That's despite his admission that there are no clinical data to support the approach.

To this point, he compares his interest in NK cell-based vaccines with mRNA vaccines, the development of which was massively expedited by huge investment in Operation Warp Speed and other programs around the world. It is not inconceivable that he thinks he should get a slice of the cake, even though he doesn't want to be seen to be asking for one?

Vested interests

Is Dr Vanden Bossche a 'lone ranger' – or is there an organisation, company or group of companies, behind him? We've found no information that points one way or another, but he certainly gives the impression he is operating on his own, as an independent consultant, although it would be foolhardy to rule out the possibility that there wasn't a biotechnology company interested in the technology somewhere in the background.

His claims, as they currently stand, may benefit others, including the vaccine companies currently making covid vaccines – or they might work against them. Much of that will depend on the outcomes over the coming weeks and months. If there is no major resurgence of infection and the current mutants ‘wither on the vine’, doing little damage in terms of mortality and morbidity in the process, his exclamations may well be interpreted retrospectively as the ravings of a conspiracy theorist. If, on the other hand, there is a significant wave of infection – and in particular – if severe infection or disease, or transmission, is witnessed in those who have been already vaccinated, he might be honoured as a prophet.

For me, it is the sheer, unashamed certainty of his pronouncements that give me cause for concern given that so much uncertainty abounds. But perhaps he’s the type who always chooses to play ‘rouge et noire’ in a game of roulette?

Scientific credibility of arguments

Dr Vanden Bossche’s evolutionary perspective on how viruses have the potential to outsmart vaccines is refreshing. In this vein, there are a number of points he makes that are unassailable:

- The scientific basis for the global implementation of containment and hygiene measures coupled with mass vaccination, have not been validated, except indirectly by computer models, many of which have also been found to often conflict with one another, or be erroneous or flawed
- The selection pressure on a human virus will never have been as great as it will be assuming the planned target of over 70% coverage globally for the current crop of covid vaccines is achieved. No scientific references for this are required – it’s never happened before
- While many vaccinologists tend to downplay the potential or commonality of ‘vaccine escape’ (shedding), it definitely does occur and can produce more virulent variants. Good examples are in the pneumococcal conjugate vaccine program in the USA, Hep B vaccination in Africa and most obvious of them all, influenza A, the latter being universally recognised, as a DNA virus, to be much more prone to mutation than RNA viruses like SARS-CoV-2 and other coronaviruses. There is also a question mark over whether measles vaccination is driving vaccine escape and hence failure. However, vaccine escape appears from current available evidence to be the exception rather than the rule
- Natural killer (NK) cells in the innate immune system deliver a rapid, polyspecific response by targeting infected cells, while most viral vaccines (including covid vaccines) target the B cell (humoral) and T cell (cell-mediated) sides of the adaptive immune system that are slower to respond, allowing greater opportunity for viral replication compared with effective innate responses from the lining (mucosa) of our airways
- If resistant variants of SARS-CoV-2 were to become the dominant circulating forms of the virus, there is no doubt, anything that helped enhance the function of NK cells would help everyone. But, as many of you already know, Dr Vanden Bossche’s as-yet undeveloped vaccines aren’t the only way of modulating NK cell activity.

Exquisitely modulated NK cell activity is the mark of a super-healthy immune system, something we'll touch on below.

OK – so we've touched on the less controversial points. What about those that are more tenuous? In my view, some of the other arguments made by Dr Vanden Bossche appear to be more theoretical than evidence-based. That doesn't mean they should be dismissed, given that evidence is in such short supply and covid-19 pathophysiology is still very much a work in progress. We're now faced with not only needing to learn more about the interaction of the virus and the human species in the absence of vaccines, we also need to learn about this virus-host interaction with varying degrees of vaccination coverage as well as considering the response to different mutant strains (and undoubtedly new ones that have yet to arise). It's a truly moving feast in a sea of uncertainty.

Let's now look at some of the areas where Dr Vanden Bossche might be pushing the envelope:

- To be so sure that vaccine or immune escape will drive increasingly more virulent variants of the virus is a big leap. To posit this as a possibility more than a near certainty might seem more plausible. Even more so, devoting effort to the identification of markers of immune or vaccine escape, rather than making the overt claim that the current variants (that are not greatly more virulent, although are definitely more transmissible than earlier circulating epitopes) are direct proof of this
- One of the emerging reasons for transmission or severe disease could be related to ineffective vaccination, rather than vaccine escape, caused by batch quality issues. This problem, in relation to the Pfizer vaccine, has been publicised in [*The BMJ* courtesy of leaked documents](#)
- To argue that NK cells are the only cellular means of eliminating the virus is an over-simplification, given there is ample evidence that there are other aspects of the innate immune system, such as the role of macrophages and dendritic cells, as well as the activation of the adaptive immune system [that have been demonstrated to work together](#) akin to an orchestra in the management of infection in humans, as well as in the co-evolution of host-viral interactions. Let's not forget that viruses aren't, most of the time, the bad guys. They've been a [dominant driver of our species' evolution](#) since time immemorial and despite the fact that some cause disease, they are overwhelmingly helpful in the long-run despite their tendency to [share their genetic material with their host and infiltrate our genome](#)
- Dr Vanden Bossche, with his focus on NK cells, over-simplifies the complexity of the immune response that is unique both to different individuals and pathogen variants. He does not appear to adequately recognise the [unclear nature of human/SARS-CoV-2 virus interactions](#) in different population groups.
- Vaccine resistance is the exception rather than the rule and has been [found in a minority of vaccines targeting human pathogens \(just 12\)](#). However, as Vanden Bossche argues, the circumstances are unique and one or more of the three predisposing factors for [vaccine resistance](#) are likely to be met in the case of covid-19 and the associated mass vaccination strategy. This suggests that Vanden Bossche's concerns are scientifically legitimate and are worthy of tight monitoring.

- Experimental NK cell-based vaccines are far from the only way of enhancing the cytotoxic function of NK cells. Ironically – and much more well demonstrated – are dietary and lifestyle-mediated approaches to enhance innate immune function as part of a prevention strategy. [Vitamin D](#), [vitamin C](#), [zinc](#), [beta-glucans and exercise](#) are just some nutrients that have been found to act as immune modulators enhancing NK cell function.
- NK cell-based vaccines are not currently on '[the list](#)' of [next-generation covid-19 vaccine platforms](#). They should therefore be regarded as more experimental than mRNA, non-replicating viral vector or protein subunit vaccines that have been in development at least for a few years, their development being massively accelerated by the current pandemic. It may be unrealistic to consider that NK cell-based vaccines could be developed quick enough to make a difference to the shape of the pandemic – although Dr Vanden Bossche argues the development would be a lot quicker than for the current crop of frontrunner vaccines because such vaccines are considerably simpler.

Feeding anti-vax sentiments using pro-vax arguments

Vaccine resistance is already targeted as a weak point by the establishment. Speaking of prophets, I need to mention, albeit belatedly, [Heidi Larson, Professor of Anthropology, Risk and Decision Science at the Department of Infectious Disease Epidemiology at the UK's London School of Hygiene & Tropical Medicine \(LSHTM\)](#), also the founder and Director of the [Vaccine Confidence Project \(VCP\)](#), and author of the book *Stuck: How Vaccine Rumors Start — and Why They Don't Go Away* (2020, Oxford University Press). The book was completed just before the pandemic broke yet it anticipated a time when vaccine confidence was more central to public health strategy than most could have imagined. As they say: it's all about timing. Dr Larson has now found her moment, as well as many admirers.

One of them is political scientist, J Stephen Morrison PhD, Senior Vice President and Director of the [Global Health Policy Center, in Washington DC](#). Check out what he had to say about Dr Larson's assertions, including about vaccine resistance.



"Vaccine resistance fits perfectly into populist agendas," Larson notes. Especially in moments of heightened political anxiety and stress, "digital wildfires" can ignite, unforeseen, disrupting immunization campaigns and spreading emotional contagion across "global highways." Social media "swarms" then leapfrog media platforms and continents, rapidly imposing a toll on the health of millions. "When populism and polarization drive a wedge into the heart of democracy, and vaccine decisions are politicized, immunity suffers." - J Stephen Morrison, Senior Vice President and Director, Global Health Policy Center, 'Health Affairs', Nov 2020, commenting on Heidi Larson's book 'Stuck'.

Geert Vanden Bossche doesn't mention any prophylactic alternatives to vaccines. His central argument is around 'immune escape' risks that may arise as a result of current antigen-based vaccine strategies, lockdowns and social isolation. He is thus feeding the flames of vaccine hesitancy in relation to the current crop of antigen-based vaccines. Ironically, he makes the subsidiary point that another type of vaccine may resolve the crisis.

Concluding remarks

For those grasping at scientific arguments to underpin their distrust of the mass vaccination program, Geert Vanden Bossche, may have provided an imperfect but nonetheless useful articulation of the problem. For me, his assertions are overly emphatic and insufficiently evidence-based given the uncertainty and complexity of the science involved.

It's a tough ask to try to predict what might happen as a result of Dr Vanden Bossche's outpourings. If I was a betting man, I'd say very little. Why? Just like with the [Lockdown Sceptics](#) or the [Great Barrington scientists](#), the latter now supported by over 750,000 citizens, nearly 14,000 medical and public health scientists and almost 42,000 medical practitioners, 'the system' really knows how to prevent the bomb going off. It's called doing nothing – simply not engaging.

With a propagandist media, a heavily censored social media, and near-police states in operation, there's never been a better time to ignore dissenters.

As I alluded to earlier, if we see a dramatic 'third wave' later in 2021 and that includes a significant number of vaccinated individuals, Geert Vanden Bossche may well be vindicated.

Will the WHO and 'the establishment' rush to him to deliver his NK cell-based vaccines to save the world? Probably not.

Might he get funding to work with biotech companies to further explore the potential of NK cell-based vaccines? My view is he might have a lesser, not a greater, chance of being invited into the fold after being perceived as a prostitute to the sceptics of the mainstream narrative.

Has he justified his arguments with enough plausible science? No, in my view. Is there a chance that some of his assertions will be proven right? Yes, again in my view (as I've argued above).

I want to finish by saying I have the greatest respect for any scientist who wears his scientific views and emotions on his sleeve. Geert Vanden Bossche clearly has passion. It is a travesty of the currently dominant scientific narrative that Vanden Bossche can't open the doors of the WHO or the Gates Foundation, both of which he's worked with previously, and have an in-depth discussion about his concerns.

Chances are there is some kind of back story. Possibly one that wouldn't work in Dr Vanden Bossche's favour if it was accessible in the public domain. But, equally, it could also be linked to ideological differences. Could the mainstream vaccine establishment's disinterest in NK cell-based vaccines be down to the fact that they would be akin to a magic bullet? Being polyspecific, you wouldn't need to have lots of different vaccines.

In fact, if they didn't like the idea of polyspecific NK cell-based vaccines, Vanden Bossche would find himself in much the same place as those of us who promote the importance of natural therapies, nutrients or lifestyle modifications to help modulate immune systems.

All things the patent-hungry, 'business with disease' system doesn't consider to be part of a viable or profitable business model.

Pandemic stress - why it will affect us for decades to come

We shouldn't ignore the epigenetic effects of chronic stress that have been with us for over a year

Date: 24 March 2021

Content Sections

- [Should I be concerned about epigenetic impacts?](#)
- [Perpetual stress](#)
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This time last year, in the UK, the first 3-week lockdown had just started. The aim, we were told, was to 'flatten the curve' and protect the National Health Service (NHS). Roll forward a year and its clear to see that the impact of extending 3-weeks into 52 have been anything but insignificant.

Although countries may have approached lockdown differently, the stress brought on by the authorities' draconian, totalitarian, response to the emergence of SARS-CoV-2 has brought many people to near breaking point. It's broken many businesses permanently, dramatically affecting the livelihoods and lives of millions.

KEY POINTS

- Vast numbers of people are struggling with fear, chronic stress and anxiety over both the presence of a new pandemic virus and the draconian covid restrictions implemented in an effort to control or contain infections
- Many are unaware that deep stress changes the way our genes express themselves through the epigenetic marks applied to our genome
- These epigenetic marks can be passed to future generations (transgenerational inheritance) so the pandemic might not just affect us for years or decades, it could affect future generations
- Ongoing fear and chronic stress sets up altered patterns of brain activity that can lead to devastating problems especially for children
- The good news is there is plenty you can do to deal with the stress of the past year
- Our Health Hack video offers some powerful ways to manage stress, reduce fear and press the reset button.

It's important to remember that at the centre of the challenges we have faced is a new coronavirus pathogen. We are hard-wired through evolution to fear disease organisms, so vast numbers of people are dealing with the double whammy of fear over their futures and fear of a pathogen. For many, this fear and 'survival' stress has been ongoing since SARS-

CoV-2 forced its way into all our lives with the [World Health Organization's declaration of a pandemic](#) on 10th March 2020.

Little did the majority know then what was to come, and too many still don't realise how long-lasting are the effects of extreme, long-term, chronic stress. Stress, particularly deep stress that threatens one's survival, can become epigenetic (affecting our genes) leaving a lasting scar that can have implications for generations to come. This is an area of emerging research encompassed within the term, [transgenerational inheritance](#).

Should I be concerned about epigenetic impacts?

Taken literally, the word epigenetic means 'on top (epi) of your genes (genetic)', thereby having the power to turn genes on or off, like flicking a light switch. Epigenetic marks are like little tags attached to our DNA which influence the ways in which a gene will function. As embryos, we are like a blank canvas with very few epigenetic marks. But as we grow, we accumulate more and more epigenetic marks as we interact with our different and unique environments. Critical to this process are the impacts of our nutrition, lifestyle and surrounding environment, both physical and non-physical. These epigenetic tags can change patterns of gene expression that have both positive and negative effects on our health.

For instance, the food that Mum eats when she's pregnant, the medications she takes, the chemicals that she's exposed to, or the stress that she's subjected to, can all be transmitted as chemical signals through her blood stream to the foetus. Here they can lay down as epigenetic marks, genetic tags, that then influence the foetus' genetic development by silencing or enhancing the expression of certain genes. It's been found, for instance, that women who smoke during pregnancy have children who have a higher risk of developing asthma later on. Fathers who smoke risk [significantly altering](#) their sperm DNA patterns. Likewise, Mum's who eat an unhealthy diet during pregnancy can generate epigenetic marks that [predispose offspring towards obesity](#). Epigenetic marks create effects a bit like a scratched record that jumps when played.

Lifestyle decisions made today can affect future generations if the epigenetic marks are laid down on the ovum or [sperm](#), which is how transgenerational inheritance of epigenetic marks can become a very real consequence.

What is now known is that the stress, especially chronic stress, is a lifestyle factor that creates an enormous impact on gene expression patterns, but is rarely discussed in terms of future generational impacts. Stress can [cause permanent damage](#) to the bedrock of our beings, our DNA, and change the way our bodies function.

When you add the epigenetic effects of stress to the mountain of other health and social impacts caused by lockdowns and the fear-laden government and media messaging around the virus, it's difficult to imagine we're not headed for a health apocalypse of one form or another. Even if you were to switch off the stress tomorrow, because governments no longer viewed SARS-CoV-2 as a threat (an extremely unlikely scenario,) the effects would likely still last decades because of the influence of epigenetic marks. A veritable holocaust that could make the pandemic of the last 12 months look like a walk in the park on a sunny day.

Something that the American Psychological Association (APA) would concur with given the [findings of its 2020 survey](#). The APA has revealed the profound effect of the pandemic on US citizens and has sounded an alarm over the very serious health and social consequences to come in future years due to the physical and emotional toll of the past year. Yet those in authority appear to be deaf.

Hopefully we've got your attention! Now for the good news. Namely, that epigenetic marks, which can also accumulate after birth and affect the brain, are reversible if we take appropriate steps. You **can** positively influence your epigenome and, despite what you might think or where you find yourself on the stress continuum, it's not too late to make a difference. Are you ready to dive in?

Perpetual stress

In life, stress is unavoidable, but it isn't always negative. In acute situations stress can be protective, but too much of it can make us [seriously unwell](#). Much is being written about the impact of covid illness and the pandemic on our mental health, but almost nothing about the epigenetic effects of long-term, deep, stress. We are hardwired in our genetic blueprint to have a healthy regard for infectious pathogens because they were a threat to survival. Hence, the stress generated by this kind of fear - fear that has been mercilessly fanned by governments - creates a very deep, survival stress. Top this with the stress of loss of income, lockdowns and loss of contact with friends and loved ones and you have a very potent generator of epigenetic marks.

Stress [mobilises our immune system](#), getting it ready to defend us against injury or infection. It also increases levels of inflammatory messenger molecules called cytokines. Cytokines are also at the heart of serious covid disease that creates massive inflammation in the lungs. Our cytokine response is completely natural and very normal, necessary as a short-term response to help us deal with situations that could seriously affect our health or kill us. However, the body was never designed to continue in this inflammatory phase with so many circulating cytokines for so long. The result is a diminished and [exhausted immune function](#) unable to mount [an appropriate response](#) when you need it most.

This is the kind of deep, perpetual stress that has the potential to create epigenetic marks on our DNA, creating altered gene expression that may extend to transgenerational changes depending on the genes involved.

Passing it on

Children learn by osmosis – by copying and mimicking the actions of parents and key authority figures – as well as by absorbing mass consciousness from the world around them. This is what creates what we refer to as 'conditioning', which dictates the way our children go on to act in later life.

Children are now raised in an environment laden with fear, taught to fear almost everything, including their nearest and dearest humans and deprived of the normal socialisation that is so integral to the way our brains learn and evolve. There's an old saying in neuroscience (Hebb's rule of synaptic plasticity) that states, "[neurons that fire together wire together](#)". This means that the more you run a particular neural circuit in your brain, the stronger that circuit becomes. Hence, if we repeatedly link actions and emotions, then these are forever wired

into our brains. Like creating a furrow in our neuroplasticity that we repeatedly plough into deep troughs. Imagine what we are creating in the brains of the young of today? Now consider the impact that this may have on the future as the young of today as they step into positions of leadership tomorrow?

But it's not only our children who are being affected. The impact of the emotional trauma during the past year on those of childbearing age cannot be underestimated.

Stress solutions to right epigenetic wrongs

Rather than being disillusioned by what you've read in this article, we hope it's profoundly empowering to know that you have the power to influence your genes for the better — and create a better future for your loved ones, perhaps including your children and grandchildren.

Stress management strategies offer mental health respite, but also relieve pressure on your immune system and reduce the damage to the DNA by changing epigenetic marks.

Our health hack video below offers some powerful ways to help you manage your stress, drop any fear and push the reset button. Every step you take towards mindfulness, peace and tranquillity is a step closer to a more positive gene expression with the power to help you in the here and now — but more importantly for future generations.

Speaking Naturally with Dr Geert Vanden Bossche

Insightful interview with vaccine insider who says global mass vaccination must stop

Date: 24 March 2021

Content Sections

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- [Dr Vanden Bossche's 'hockey stick' hypothesis](#)
- [About the interview](#)

Welcome to the first episode of our new interview series, *Speaking Naturally – Open Discourses in a Censored World*. In it we have the great pleasure of providing an in-depth interview with Dr Geert Vanden Bossche, who's name will be familiar with anyone with a keen interest in understanding the effects of the current covid mass vaccination programme.

KEY POINTS

- Rob Verkerk PhD interviews ex-pharma, ex-GAVI, ex-Gates vaccinologist Dr Geert Vanden Bossche in the first of our new series, '*Speaking Naturally – open discourses in a censored world*'
- The main topic of discussion is Dr Vanden Bossche's concerns about lockdowns combined with the global mass covid vaccination program
- Dr Vanden Bossche poses that 'immune escape' coupled with selection pressure on the virus will create ever more dangerous variants that will always remain one step ahead of the vaccine developers
- This could cause the pandemic to spin out of control affecting industrialised, Western nations with high levels of chronic and metabolic disease most severely
- Dr Vanden Bossche has been stonewalled by the WHO and medical mainstream while we think to dismiss them out of hand would be ethically, scientifically and socially irresponsible
- This is a wide-ranging discussion over 1.5 hours. You can choose to watch the video interview or listen to the podcast.

About our guest

Dr Vanden Bossche knows a thing or two about vaccines and is a self-declared provaxxer. He is a seasoned vaccine developer (vaccinologist) with a track record with GSK Biologicals, Novartis Vaccines and Solvay Biologicals. He's also worked with the Bill & Melinda Gates Foundation's Global Health Discovery team in Seattle (USA) as Senior

Program Officer and as Senior Ebola Program Manager with the Global Alliance for Vaccines and Immunization (GAVI) in Geneva.

However, in early March Dr Vanden Bossche put out a call to the World Health Organization (WHO), supported by a 12-page document on a [dedicated website](#) especially set up to communicate his concerns. We responded with a 4,000-word article that tried to steer an objective line through conflicting streams of information and consider the implications of what appeared to be a whistleblower.

Dr Vanden Bossche's 'hockey stick' hypothesis

With ANH's founder, Rob Verkerk PhD, now having spent several hours in discussion with Dr Vanden Bossche, we are now of the view that it would be scientifically, socially and ethically irresponsible to dismiss Dr Vanden Bossche's concerns. The key one is that the current covid control strategies, including the global mass vaccination program, will create an ["uncontrollable monster"](#). In summary, the concerns centre around the notion that a combination of lockdowns and extreme selection pressure on the virus induced by the intense global mass vaccination program might diminish the number of cases, hospitalisations and deaths in the short-term, but ultimately, will induce the creation of more mutants of concern. This is the result of what Dr Vanden Bossche calls 'immune escape' (i.e. incomplete sterilisation of the virus by the human immune system, even following vaccine administration). This will in turn trigger vaccine companies to further refine vaccines that will add, not reduce, the selection pressure, so producing ever more transmissible and potentially deadly variants.

The selection pressure will cause greater convergence in mutations that affect the critical spike protein of the virus that is responsible for breaking through the mucosal surfaces of our airways, the route used by the virus to enter the human body. The virus will effectively outsmart the highly specific antigen-based vaccines that are being used and tweaked, dependent on the circulating variants. All of this could lead to a hockey stick-like increase in serious and potentially lethal cases – in effect, an out-of-control pandemic.

Not only that, it will be Western nations with high proportions of metabolically diseased, overweight or obese individuals with compromised immune systems that will be hit hardest.

Of course, this is all speculation, and some will denounce Dr Vanden Bossche's views as fear tactics. Others will claim it is the ravings of an independent scientist that has put 2 and 2 together and made 5. If you've got 1.5 hours spare, you'd do well to listen or watch the whole interview and draw your own conclusion.

About the interview

During the interview, our founder asks Dr Vanden Bossche:

- what kind of reactions he's had to the [publications of his views](#) – both good and bad
- What he sees that some of his colleagues clearly don't
- What kind of early warning signs or indicators might be available to see if Dr Vanden Bossche's hypothesis is turning into becoming a reality as worrisome as that might

be – and we'll compare this SARS-CoV-2 outbreak with previous coronaviruses, namely SARS1 and MERS

- What defines a vaccine? Given that the frontrunner vaccines are like none that preceded them.
- What Dr Vanden Bossche thinks governments and individuals should do – given what we know now.

Watch or listen below.

<https://www.brighteon.com/41039c93-d240-4048-afa5-35e6a173a498>

https://soundcloud.com/anhinternational/speaking-naturally-an-interview-with-geert-vanden-bossche?utm_source=clipboard&utm_campaign=wtshare&utm_medium=widget&utm_content=https%253A%252F%252Fsoundcloud.com%252Fanhinternational%252Fspeaking-naturally-an-interview-with-geert-vanden-bossche

Why we need to stand together and reject vaccine passports

The UK and other countries are asking for citizens' views. It's time to engage with our broken democracies.

Date: 31 March 2021

Content Sections

- [● Standing up for our rights](#)
- [● Clinical / medical considerations](#)
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- [● Equalities and discrimination considerations](#)
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On 15th March 2021, in a win for People Power, [the UK Parliament were forced to carry out a parliamentary review](#) on the subject of introducing a covid-status certification system - a vaccine passport by any other name.

The petition driving this review is entitled, “*Do not rollout Covid-19 vaccine passports*” and signatures had hit 250,000 by the time its day in Parliament came around. Numbers are still increasing daily and at the time of writing, there are now 316,121 signatures in support of this position. On the flip side, there are only 5,910 signatures on the petition to “*Introduce a ‘Vaccination Passport’ for international travel*”. Yet, despite the clear weight of public opinion, the wheels of the totalitarian machine appear to keep turning. If you were of a mind to believe what you read in the media, you’d think vaccine passports were a done deal. But we don’t think that hundreds of thousands of Brits and countless others around the world are going to take this lying down.

KEY POINTS

- The UK government is seeking to introduce ‘covid vaccine certificates’ in spite of fierce opposition
- Two public consultations have been instigated. One now closed, the second is open until **23:59, Monday 3rd May**. It’s imperative we respond so our voices are heard
- Elements of Rob Verkerk’s and Meleni Aldridge’s individual responses to the first consultation are shared below to help you form a response to the second consultation
- Have your say **before** 23:59 on Monday 3rd May

Standing up for our rights

The petition, and the recent parliamentary review, have spawned two public consultations because, make no mistake, the Government is in no doubt as to how many are feeling about this further transgression of fundamental rights and freedoms. Whilst you may feel personally that it's pointless and a waste of time responding, or that it might get your name onto a blacklist, in the kind of game we're in, numbers do matter. These consultations are no doubt a box-checking exercise to maintain a semblance of democracy, fine veneer that it is, to keep those who have not yet awakened from doing just that. So it makes it all the more important for those of us who have a clear vision of a free and equitable future to stand together and let the sheer weight of our numbers get around the media silencing and censorship.

The [first consultation](#), which closed at 11:45 pm on 29th March 2021, related to a Cabinet Office enquiry into whether covid-status certification could play a role in reopening the economy, reducing restrictions on social contact and improving safety. However, there is a [second consultation](#) pertaining to a new UK Government enquiry to consider the ethical, legal and operational issues, as well as the efficacy and appropriateness of a certificate system (vaccine passport), which is still open until 23:59 on Monday 3rd May 2021.

Below we share elements of Rob Verkerk's and Meleni Aldridge's individual responses to the first consultation in the hopes that it makes it clearer and easier for you to complete the consultation which is currently open until 3rd May. Let us stand together and make sure our combined voice is heard.

Clinical / medical considerations

The medical requirement for covid-status certification should not be assumed. It should be justified clearly, with evidence. Such a justification should be considered alongside the risk of other diseases. Assuming the threat posed by covid-19 continues to be viewed as seriously in relation to other diseases as the Government continues to uphold, the only tenable purpose of covid-status certification is to determine whether an individual is capable or not of SARS-CoV-2 transmission.

The science is simply too young and lacking in independence to know with any degree of certainty how much protection is conferred, for how long and to whom, the picture being complicated greatly by many factors, many which are known unknowns. These include differences between commercial vaccines, the incompleteness of Phase 3 trials (some of which even for the frontrunner vaccines are ongoing into 2023), the fact that endpoints for the Phase 3 trials did not include transmissibility, the duration between first and second shots, the immune status, age and health of the individual concerned, the specific variant of the virus in question (e.g. resistant mutants), the existence of any previous cross-immunity, and other factors.

A second potential method for evaluating covid-status would be serological immunoassays testing for antibodies. The duration over which antibodies are raised is unknown, although they are likely to be elevated for considerably longer following naturally-acquired infection than following vaccination.

A third potential indicator of infection risk is likely to be PCR or lateral flow testing – although such molecular diagnostic methods are prone to deliver false negatives or positives.

Accordingly, all three methods have huge medical and clinical problems. Using any of them to imply immunity or lack of transmission potential would be a scientific fallacy in view of the lack of certainty in the science. It would also be discriminatory against any person who ‘failed’ any one of these tests.

Therefore, if the Government were to proceed with covid-status certification in any form, it would lack a robust scientific or medical basis, while also being biased and discriminatory (including to those to whom vaccination is contraindicated for health reasons) and it would imply a patent disregard for the right of citizen choice in healthcare matters.

Legal considerations

Creating ‘immune privilege’ while discriminating against those without proven immunity to a single infectious disease would breach the [Universal Declaration on Bioethics and Human Rights](#), which protects an individual’s bodily autonomy, the right to informed consent and the right to refuse medical interventions without penalty or restriction.

Any legislation that mandated covid-status certification could be viewed as disproportionate given the many other infectious diseases for which such certification does not exist. They would also have no legal basis if it can be shown that a vaccinated individual may infect others. This would be particularly problematic if vaccinated individuals are exposed to infections to which their vaccine confers no or little protection, given the emergence of vaccine-resistant mutant strains.

Covid-status certification would also divide society even further by creating second-class citizenry because the absence of certification would deny individuals from certain freedoms, rights and privileges.

The alternative to vaccination evidence, which is a recent test result, also carries legal as well as ethical problems. Firstly, under even the most extreme UK law, required medical testing is only possible if an individual is known to be potentially infectious ([Coronavirus Act 2020](#)). Further, pre-existing public health law only allows a medical examination to be ordered by a magistrate if a person is believed to be infected or contaminated ([Health and Social Care Act 2008](#)).

However, COVID-status certificates would effectively make medical testing mandatory for all, treating all citizens – and particularly those with protected characteristics who are unable to receive a vaccination – as potentially infectious. The onerous burden of healthy people having to undergo frequent medical testing in order to enjoy basic rights could also lead to a loss of earnings and, if/when tests are no longer free, could incur financial penalties. Deliberately creating such a situation in the UK by introducing covid-status certification is unthinkable.

Ethical considerations

People should not be coerced into medical treatments or testing in order to qualify for basic human rights, particularly in groups at low risk of any ill effects of covid-19, but also as a

general principle. Any form of coercion is against the principle of medically informed consent - a principle set out in law.

The current covid vaccines are experimental and the clinical trials are not due to finish until January 2023 or thereabouts, so it will be sometime after before results are published. Even the WHO are not recommending the use of any vaccine requirements for international travel because there are just too many unknowns presently in terms of effects, adverse events and even benefits from covid vaccines. Also, the current covid vaccines have not yet been given emergency approval (and are not yet licensed) for use in young people under the age of 18. As such, what practical use would vaccine certification be for adults when children in those families are not vaccinated? We were told that the reason why schools had to remain closed was because the children weren't vaccinated and could spread the virus. This is particularly relevant in light of the fact that there is currently no concrete evidence to show that the vaccine stops the transmission of the disease or is effective for new strains of the virus. Children especially should not be forced into tests or experimental medical interventions by an exercise that contravenes basic human rights. There are safety concerns about the testing of children and so such measures would be particularly heinous.

If the vaccine turns out to be truly as efficacious as we have been led to believe, having protected the vast majority of those vulnerable to serious ill effects of covid-19, why should anyone have their rights and freedoms restricted? A covid-status 'vaccine passport' serves no practical purpose if the vulnerable are protected, unless the public have received misinformation about the vaccine's effectiveness, and we won't know that until after the trials are complete. However, if the vaccines do significantly reduce transmission, infection rates and thus deaths will reduce even faster, rendering onerous controls such as covid-status certificates even less necessary and even more disproportionate.

Equalities and discrimination considerations

The effect of covid-status certification would be to socially and economically exclude people without a covid vaccine or recent test result and deny them basic freedoms. In doing so, some of the most marginalised in society could suffer either direct or indirect discrimination. The discriminatory nature of the certification scheme would be discriminatory under the UK's [Equality Act 2010](#), and the [European Convention on Human Rights](#).

Article 14 of the European Convention on Human Rights and the Equality Act 2010 protect individuals from unlawful discrimination. Under equality law, it is unlawful to discriminate against people with 'protected characteristics', many of which are engaged by covid-status certificate proposals, including age, disability, pregnancy and religion or belief.

If the Government allows society to be segregated according to vaccination status, then:

Young people would currently be discriminated against, since there will be lower and slower vaccine uptake as young people are both generally at a low risk of serious illness from the virus and last in line to be offered a vaccination. Children are not eligible for vaccines as trials are ongoing. Further, if vaccines are required annually/periodically, young people could be discriminated against on a corresponding cycle as they will always be last in line to receive vaccines.

Disabled people could be discriminated against as some medical conditions prevent individuals from being able to receive a vaccination.

Pregnant women could be discriminated against, as covid vaccines have not been tested on pregnant women and were therefore not initially included in the call to vaccinate. Women who are cautious about vaccines whilst pregnant, breastfeeding or trying to conceive should not be discriminated against - especially when the vaccines are still experimental.

Some people with religious or other beliefs may be discriminated against, if those beliefs deter them from receiving a vaccine.

Discrimination, inequality and unfairness would be caused not only by medical eligibility for vaccination but by accessibility of vaccinations. Research indicates that people from ethnic minority groups, people with lower levels of education and lower incomes are the most 'hesitant' or unlikely to receive covid vaccines ([Paul, Steptoe & Fancourt 2020](#)). Further, many of the estimated 1 million undocumented migrants in the UK are fearful of accessing health services due to punitive data sharing as part of hostile environment policies and may be more apprehensive still if covid-status certificates become an everyday requirement. We cannot simply erase histories and experiences of discrimination and hostility that have created distrust. In fact, vaccine segregation would only deepen discrimination and alienate people even more. This would be disastrous for trust in public health authorities when trust has never been needed more.

Finally, there are billions of citizens of the world who simply will not have access to covid vaccines for several years to come. As we emerge from the pandemic, disproportionate vaccine requirements should not unfairly impede the rights and freedom of movement of individuals from lower-income countries.

Privacy considerations

Citizen's highly confidential medical records should not be required to be shared in any form in order to access basic human rights. As well as being against all the privacy laws recently enacted, this is also a matter of basic ethical, and legal principal.

The Government would have us believe that it is acting in good faith for the good of citizens, yet through the continued use of lockdown policies, fear messaging and coercion into medical interventions, it looks suspiciously like the authoritarian states it is so quick to criticise as a danger to world stability and human rights globally.

Whether or not covid-status certification serves any practical purpose is largely irrelevant as this would be vastly outweighed by the negative medical, legal, ethical, privacy and discrimination ramifications of such a policy, not to mention a plethora of legal issues arising from such a measure. It is vital for this Government to uphold its duty to protect the human rights of its citizens and prevent such discrimination.

Cost considerations

The cost to the public purse of mass testing and the development of a mass covid-status certification infrastructure is likely to be astronomical on top of the cost of the pandemic thus

far, despite a raft of severe risks and a demonstrable lack of benefits. As a UK taxpayer, I am wholly against this use of public funds.

Upcoming open consultation:

[Call for evidence from the UK Government - Covid-19 Vaccine Certification.](#)

Closes: 23:59 3rd May 2021.

Associated reading:

- [EU verifiable vaccination certificates](#)
- [EU Digital Green Certificate](#)
- [Europe rises up and sends a deluge of emails to the European Parliament](#)
- [Stop Common Pass open letter to Michael Gove](#)
- [Protesters in Israel demonstrate against vaccine coercion, green passports in Tel Aviv](#)
- [Outcry to the world, from Israel!!! \(video\)](#)
- [Covid vaccine passports could discriminate, experts warn](#)

The never-ending story of lockdowns and vaccines - Dr Knut Wittkowski reflects

Speaking Naturally interview with Dr Knut Wittkowski on pandemic status, mutations, vaccines and exit strategies

Date: 31 March 2021

Content Sections

- [● On Censorship](#)
- [● Is covid just bad flu?](#)
- [● Lockdowns were intended to the flatten the curve, right?](#)
- [● Non-compatibility of vaccine and lockdown strategies](#)
- [● On vaccines and herd immunity](#)
- [● On Anthony Fauci](#)
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Why do governments persist with lockdowns, or the threat of lockdowns, given a growing body of evidence showing that lockdowns don't save lives? Will lockdowns that were meant to only 'flatten the curve' now be sidelined because covid vaccines are considered the panacea?

This week on *Speaking Naturally*, we interview Dr Knut Wittkowski. He is an eminent scientist with a long track record as a biostatistician and epidemiologist. He was one of the earliest to call out the folly of lockdowns. His main recommendations to shield or treat early the most vulnerable, while letting the infection run its normal course through healthy populations – stated as [early as March 2020](#) – subsequently became the basis of the [Great Barrington Declaration](#).

KEY POINTS

- Rob Verkerk PhD welcomes Dr Knut Wittkowski to *Speaking Naturally*. Their discussion includes problems associated with lockdowns, whether Dr Wittkowski feels censored as a scientist, where we are in terms of the epidemic, vaccines, mutations and solutions to get us out of the current predicament we find ourselves in
- Dr Wittkowski has never endorsed the use of lockdowns, believing if the virus hadn't been identified we would've seen the pandemic as just another bad flu year
- The combination of lockdowns and vaccines is causing its own problems
- Lockdowns are more likely to drive mutation of the virus and increase the time taken to achieve herd immunity
- Dr Wittkowski's company, Asdera LLC, is exploring a natural solution to combatting covid-19 using alpha-cyclodextrin.

- Watch the video or listen to the podcast – links below

ANH-Intl founder and scientific director, Rob Verkerk PhD, caught up with Dr Wittkowski a year on, asking whether he felt censored as a scientist, where we were in the epidemic, what role vaccines may or not play, what concerns we should have over new variants – and what solutions he felt might help us navigate out of our current predicament.

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For those who prefer you can listen to the podcast version:

On Censorship

Dr Wittkowski doesn't feel censored. But like many other scientists who haven't parroted the mainstream narrative, he also doesn't feel heard.

Is covid just bad flu?

"The virus hasn't behaved differently from any other respiratory disease virus. If we had not had the capability to sequence the virus in January, and have identified - ooops! – it's not influenza, it's corona, we wouldn't even have noticed. It would have been just another flu."

"So people got very confused and fearful about it. Especially after having seen...a lot of older people dying in nursing homes."

Lockdowns were intended to flatten the curve, right?

"The idea of flattening the curve – well, I was never convinced – but I understand why politicians would resort to that after having seen the hospital system in Italy having been under severe duress. But a month later, in the US, on April 17th, the then director of the CDC, Robert Redfield presented data at The White House – and the data that this was the third flu that year – there was the one of influenza B, then of influenza A, then of covid. And hospital admissions – or people showing up at hospitals – had already ceased – was down to normal levels."

He goes on to propose that if the vulnerable had been shielded and the virus had been allowed to be exposed, naturally acquired herd immunity would have been reached in around 6 weeks.

What lockdowns did was treat everyone in the same way so that people with vulnerabilities have an equal chance of being exposed – so those who are most vulnerable become more heavily infected and consequently *“they are the people who die.”*

“Lockdowns are not saving lives, they’re costing lives”- Dr Knut Wittkowski PhD

“Every respiratory disease....virus epidemic...everyone one of them, ends with herd immunity. There is no other way for an epidemic to end. So it’s not an invention – a strategy – it’s just the way nature regulates respiratory disease epidemics.”

Non-compatibility of vaccine and lockdown strategies

“There are two things you can do., If you have a vaccine which is very difficult – we know this from influenza – influenza vaccines never fit or they come too late – there are no good vaccines. But if you have a vaccine even if it’s only partially effective, you can reduce the time it takes to reach herd immunity because you don’t have to wait for people to get infected – you just vaccinate them. That makes sense – there’s no reason against that. The problem is that if you at the same time you do mitigation – you do lockdowns – you’re doing something that does the exact opposite....you’re delaying the time it takes to achieve herd immunity. It makes as much sense as sitting in a car and hitting the brake and the gas at the same time. You’re not getting anywhere. “

“The problem is that if at the same time [as vaccination] you do mitigation – you do lockdowns – you’re doing something that does the exact opposite..... It makes as much sense as sitting in a car and hitting the brake and the gas at the same time. You’re not getting anywhere.”- Dr Knut Wittkowski PhD

“The problem is that politicians somehow invested a lot of their ego into lockdowns as the thing that has to be done until we have vaccines and now the vaccines don’t work the way it was hoped they’d work....not that any scientist would have believed it...Now the politicians are somewhere in a deadlock...They can’t say “now we can give up the lockdowns now we have the vaccines, because the vaccine doesn’t work – not in that sense. Because the vaccine comes too late. There is always a new virus or version that escapes. You have to wait a couple of months until you have a new vaccine against it. And by the time you have a new vaccine you have yet another new strain. So that is a never-ending story.”



“...because the vaccine comes too late. There is always a new virus or version that escapes. You have to wait a couple of months until you have a new vaccine against it. And by the time you have a new vaccine you have yet another new strain. So that is a never-ending story.”- Dr Knut Wittkowski PhD

On vaccines and herd immunity

Dr Wittkowski considered “absurd” the idea of getting to 70-90% coverage with the vaccine, the stated target of some governments such as the USA, UK and some EU countries.

“As early as a year ago in March (2020), Sunetra Gupta said we probably need to have about 50% of the population being immune because the basic reproduction number is somewhere around 2. However about 25% of people have cross-immunity from previous coronavirus infections. So we need only 25% of people to get infected or vaccinated.”

He goes on to say that when new infections dropped to zero or near zero in June 2020 in New York, 25% of the New York population were already antibody positive.

“So a reasonable strategy would have been to test people who have antibodies and vaccinate those people who don’t have antibodies. And then we would have reached that point where people want to reach much earlier.”

“The problem we have with respiratory diseases is at the time the vaccine was developed and came to market, after the election on November 4th – surprisingly [stated with sarcasm] – the Wuhan-Milano virus strain against which the vaccine had been developed was not circulating anymore. At that time we [USA] had the strains that were incubated in Spain and France....So the vaccines were designed to create immunity against a strain that didn’t exist anymore and had been replaced by strains that evolved to escape natural immunity and likely at least part of the vaccine-induced immunity.”

“It’s a typical situation where the vaccines come at a time the disease isn’t there anymore.”

“There is a discussion right now whether mass vaccination is bad. And it definitely is not. There is no reason to be afraid of vaccination other than the usual adverse events that we have. You may say ‘I fear the adverse events more than the disease because it tends to be very mild’. People can have that position. But there is no evidence that vaccination causes new strains. It’s just that we’re adding a couple of antibodies to the repertoire that we have. And having more antibodies makes us a bit more resistant to infections...And that reduces the time we reach herd immunity and reduces the risk of resistant strains emerging. So vaccines are good but probably not as good as the politicians were hoping they’d be.”

When Dr Wittkowski is asked about his views on the current crop of novel synthetic biology vaccines, he responds: *“I have no fundamental problems with that. The only problem is if we engineer these artificial envelopes....to protect the mRNA that we want to get into cells – to infect the cells – kind of – that mechanism is not very well understood yet. So there could be adverse events coming from this creation of an artificial enclosure that we want to put the mRNA in.”*

On Anthony Fauci

“Let’s talk about real numbers like American politicians like Anthony Fauci spill at any point in time....it’s a different number every month because the politics are changing... At some point in time he was a scientist, but he has been in a highly political administrative position now for – how long? – 40 years.”

“So it was politically importune to say what I’m saying now – so It’s politics, it’s not science”

Mutant variants

Dr Wittkowski is resolute that it is lockdowns that give the greatest chance of creating new variants. The more stringent and longer the lockdown and the longer it takes to achieve herd immunity, the greater the risk. Spain, he says, the country that had one of the most draconian lockdowns, incubated the first resistant strain. It then came to the UK in October or November 2020.

“Viruses mutate...they have evolutionary pressure to mutate in two dimensions. One is the disease gets milder because a virus that kills the host can spread less. So disease severity is not good for the spread of the virus....so that more and more people get infected, remain alive, spread the virus. It can become more infectious and in the end everyone gets infected and no-one knows about it anymore because there’s no phenotype anymore....that is the normal course of evolution.”

A nutritional solution?

Dr Wittkowski, through his company, Asdera LLC, is involved in exploring interventions for unmet needs using “...[a patented computational biostatistics platform to identify complex genetic risk factors in small \(from n≈500\) epidemiological and 'failed' phase 2/3 studies.](#)”

Among the unmet needs is an approach for the prevention or reduced severity of covid-19 disease.

The approach involves a daily dose of around 6 grams of alpha-cyclodextrin (aCD), a natural dietary fibre that has been proven to reduce blood sugar spikes after starchy meals ([as verified by the European Food Safety Authority, 2010](#)). Among its actions, aCD scavenges phospholipids, but unlike the closely related beta-cyclodextrin, its small molecular size means it does not [reduce circulating levels of 'good' HDL-cholesterol](#).

Dr Wittkowski argues that aCD supplementation would help to reduce the comorbidities that are so strongly associated with poor outcomes of SARS-CoV-2 infection (e.g. diabetes, obesity, heart disease and even some cancers). But additionally, aCD will reduce the availability of phospholipids so denying resources that would otherwise enhance the replication potential of SARS-CoV-2. In effect, aCD supplementation acts as an intermittent fasting mimetic by reducing the pool of phospholipids used by SARS-CoV-2 (regardless of mutant variants).

Why we need more eggs in the covid basket

Rob Verkerk PhD argues for a diversification of strategies targeting mutating viruses

Date: 8 April 2021

Content Sections

- [● Should we take note of India's double mutants?](#)
- [● Evading the immune system](#)
- [● Beyond antibodies and the humoral immune response](#)
- [● What's the exit strategy?](#)
- [● Building a multi-faceted immune armoury](#)
- [● Signals for caution](#)
- [● Lessons from other fields](#)
- [● The vaccine treadmill?](#)
- [● Solutions lie in diversity](#)
- [● Adding another 7 eggs to the basket](#)

By Rob Verkerk PhD, founder, executive and scientific director, ANH-Intl

Should we take note of India's double mutants?

India's a very large, highly populated country, the home of some 1.4 billion people – around 18% of the global population. It might have recorded some 166,000 deaths linked to covid – but that's not a lot in relation to the total population. It only ranks 46th in the league of per capita covid-associated deaths in the world based on our analysis of [Worldometer data](#).

But now India is experiencing its second wave. The top genomics labs in India, working together as a consortium, have found nearly [800 'mutations of concern'](#) that are linked to the UK, South African and Brazilian lineages (B.1.1.7, B.1.351 and B1.1.28.1 respectively) of SARS-CoV-2. A whopping 15 to 20% of all positive samples analysed have been found to contain the double E484K and L452 mutations. Variants carrying the E484 mutation are not only more transmissible therefore aiding the spread of the virus in communities, they are also regarded as ['immune escape' mutations](#) because they have been found to be capable of evading the human immune system. All very well if they stay put and don't spread, not so good if they evade the immune system – especially not if it's been primed by previous infection or vaccines.

KEY POINTS

- Rob Verkerk PhD revisits some of the issues raised by Dr Geert Vanden Bossche
- He asks how risky is it to rely on a single prevention strategy for covid-19 – in this instance mass vaccination?

- Using ecological arguments, he calls for an urgent diversification of strategies to build broader based natural immunity to combat continuing mutations of the virus
- He offers evidence that shows significant risks from the current strategies explaining why we need another 7 eggs in the covid prevention basket to protect against selection pressure driving mutations
- Diversification is key if we're to prevent a human version of the environmental catastrophe predicted by Rachel Carson in 'Silent Spring' back in 1962 and get us off the vaccine treadmill

Evading the immune system

Here's the thing. The immune system is exactly that - it's a system, a very elaborate one at that, not a simple mechanism. For a respiratory virus to escape our immune system, it first has to be able to get round the physical and chemical barriers of our innate immune system that line our airways (and gut). Once through this outer barrier of defences, the spike protein needs to successfully bind to the ACE2 receptors in the outer cellular (epithelial) layer of our airways. Next it has to be able to avoid a diverse array of immune cells that either target the virus directly or wipe out cells containing replicating viruses that have successfully taken over the replication machinery of human cells, notably in the airways and lung tissues.

That's a tough ask, any which way. Especially because the cells of our immune system have co-evolved alongside viruses for as long as our ancestors and mammalian relatives have been around. That's somewhere around 250 million years of adaptation and co-evolution. Big name cellular players in the innate ('first response') side of our immune system are natural killer cells, macrophages and dendritic cells.



Especially because the cells of our immune system have co-evolved alongside viruses for as long as our ancestors and mammalian relatives have been around. That's somewhere around 250 million years of adaptation and co-evolution.

- Robert Verkerk PhD

Once through the physical, chemical and cellular barriers of the innate immune system, a variant of the virus that is capable of evading the immune system has to then outsmart the two armories of our adaptive ('special forces') immune system: the humoral (antibody) and cell-mediated (T cell) responses, respectively.

Most of the work that talks to immune escape, it's fair to say, has studied just the first layer of armoury of the adaptive immune system – the humoral response, mediated by neutralising antibodies. Why? Many reasons – including the fact these are easier to study as you can readily measure antibody titres in blood or saliva samples, and neutralising antibodies have been the major markers for vaccine effectiveness as studied both in the Phase 3 trials and subsequently in ongoing post-marketing surveillance.

Neutralising antibodies literally block the virus from locking onto ACE2 protein that acts as the main protein for the two known SARS coronaviruses. These ACE2 receptors aren't just found in the epithelial cells of our airways but also in the epithelial cell of our small intestine, arteries and veins, and in the smooth muscle cells of organs. That means if your immune system can't put the brakes on the virus' ability to replicate in the body, then there are lots of opportunities for the virus to get more of a foothold, increase viral load, and cause harm to the infected individual. From the virus' perspective that's all good and the shedding of virus particles then helps to build transmission chains between humans that maintain a healthy supply of hosts for the virus.

Beyond antibodies and the humoral immune response

The downside of being over-reliant on antibody responses, either from naturally-acquired infection or from vaccines, is they're short-lived. Levels of these antibodies peak around 2-4 weeks post symptomatic infection and while they might be detectable 3 months on, the lower amounts probably mean they're a lot less effective at neutralising viruses.

We know from the six other coronaviruses that have made humans their hosts (4 of which can cause symptoms of the common cold) that long-term immunity comes not from antibodies, but from T cells. Two very important types of T cells are CD4 helper and CD8 cytotoxic T cells that can act as 'memory T cells'. That means they learn from previous encounters with the virus, parts of the virus, related viruses or antigens delivered following vaccination, how to recognise and kill off cells containing specific proteins related to the offending pathogen. They also hang around for many years, probably more than a decade or even two – maybe even for life.

It might be that previous exposure to related coronaviruses and solid memory T cell responses provide cross-immunity explaining why so many people don't get any symptoms, or experience only very mild symptoms, following SARS-CoV-2 infection.

What's the exit strategy?

If there's a common goal nearly everyone on the planet would like to see realised in order that we can restore some normality to our lives, it's trying to make sure as many people as possible demonstrate a highly competent immune response. That means using the full force of the two sides of our multi-faceted immune when exposed to the virus.

The good news is that we know that the more competent someone's immune response, the better they fare. But that can't just be down to T cell responses because older people, who would have been exposed to more related coronaviruses than younger ones, generally fare worse. That's because our immune systems become less competent with age – this process is called immunosenescence.

The good news is that we know that the more competent someone's immune response, the better they fare. - Robert Verkerk PhD

We also know it can't just be down to antibodies, because a number of studies looking at this have shown there is no clear correlation between antibody titers and severity of

symptoms. Men tend to have an elevated antibody response compared with women, and older people or people who get very sick and can have elevated responses compared those who're infected with few or no symptoms.

Building a multi-faceted immune armoury

Looked at from a holistic, systems or ecological perspective, if your goal is to minimise the severity of infection, including from new variants of the virus, you need to try to develop and prime your immune armoury across the board. You want what we call [immune resilience](#) – the real end game.

And this is where we feel the global strategy against this coronavirus is going wrong. There is just one very well-funded egg in the basket – and that's covid vaccination.

Do we have signals yet to see how the greatest medical experiment ever conducted on our species is going to pan out?

Signals for caution

Three signals that point to the precariousness of a vaccine-dominant strategy against the virus are as follows:

- **Mutations of concern.** The independent development and spread of mutations of concern in geographically distinct parts of the world (notably the UK, South Africa and Brazil). Find out more [here](#).
- **Evolutionary selection pressure towards immune escape.** The evolutionary convergence and spread of immune escape mutations that may also evade immunity conferred by covid vaccines and possibly even naturally-acquired infection. Find out more [here](#), [here](#) and [here](#).
- **Potential for long-term downstream harms.** The identification of an (albeit rare) autoimmune side effect of one of the vaccines (AstraZeneca). Find out more [here](#).

You could write a book on each of these three areas – so we've left some references for those who'd like to delve deeper into each of these. Suffice to say each one of them is unpredictable given the complexity of the host-pathogen interaction, our different genetic make-ups, environments and behaviours.

Mutations based on substitutions (not deletions) could be 'auto-corrected' and wiped out after a short period and so expire. But that doesn't seem to be happening with E484k (sometimes disaffectionately referred to as the '['eek' mutation](#)'). You only have to look at [what is happening now in India](#), as mentioned in the opening of this article, and recognise the spread of the current array of variants that have all shown mutations that [converge in the critical receptor-binding domain \(RBD\) of the spike \(S\) protein](#).

When you hit a global population with a group of vaccines designed around a highly specific target in the form of a mutation-susceptible spike protein, vaccine resistance is as much of a potential problem as antimicrobial or pesticide resistance. Ecology and history provide us with some important teachings that are now crucially relevant to our current predicament...

Lessons from other fields

This brings us to the evolutionary argument of [selection pressure](#). In short, this is the non-physical ‘pressure’ that is exerted between a virus, other pathogen or organism, that causes its evolution to move in a particular direction because of an interaction between variations in the pathogen or organism and factors in the environment.

It’s [the reason that ‘pressure’ from antibiotics](#) can lead to the increased survival and prevalence of bacteria that have acquired, through mutations, the genetic capacity to metabolise (detoxify) a specific antibiotic or family of antibiotics (antibiotic resistant bacteria). The same thing happens to insect pests that become resistant from overuse of pesticides on cotton, [such as the armyworm](#).

The over-reliance on pesticides in agriculture has led many times over to a what has been called [the “pesticide treadmill”](#)- that’s the treadmill that farmers can find themselves on as a result of the selection pressure from pesticides that continues to drive the development of resistance in target pests, that in turn triggers the use of new pesticides, that then also select for those pests that, through their mutation-gifted ability to either better tolerate or resist the pesticide, lead to ever more resistant populations of pests. The treadmill might work well for agrochemical companies selling their wares, but it’s never been good either for farmers or the environment.

The vaccine treadmill?

The mainstream – one highly invested financially, politically and emotionally to a vaccine solution — tells us there is a way out: tweak the vaccines to cater for the new genetic variants, given that the frontrunner vaccines were all designed around the genome of the [originally sequenced Wuhan virus](#).

Any evolutionary biologist worth his or her salt would tell you this is a risky road to traverse, especially if your vaccines are based on a very small protein component of the virus (the spike protein) that happens also to be the most subject to [mutations of concern](#). That’s undoubtedly the case in our current pandemic.

Can you just keep tweaking vaccines each year to stay up-to-date with the evolutionary journey of the virus, one that will always have some ability to evade the immune system if it is given sufficient opportunity to express its ‘error code’ (mutations). Like with the even more mutation-prone influenza A virus that’s now had a 100 years to adapt to its host?

Do you change tack with the development of vaccines and make them more responsive to more proteins found in the virus, diverging from the near-exclusive focus on the spike protein? What about [monoclonal antibody therapies](#) – should these be abandoned in favour of polyclonal antibody therapies? And anyway, will these therapies consistently yield long-term memory T cell immunity?

Or is the vaccine-dominated strategy destined to keep us locked into the vaccine treadmill?

No one knows for sure. But what we do know is that focusing on any single mitigation strategy is always risky. Made worse if you’re also measuring your success by using

molecular testing systems such as PCR and lateral flow that will never show you've got on top of the virus. That's because as prevalence gets lower and lower, your false positive rates go up - courtesy of the [in-built errors in the diagnostic tests and Bayes' theorem](#).

There's also the often unrecognised importance assumed by molecular testing of this one single pathogen. Molecular testing using PCR or lateral flow has seamlessly become a surrogate for disease incidence during the covid era. For all of human history a 'case' was a case of disease. That makes sense when you're interested in the health of people - because if you're healthy, you're healthy - irrespective of whether you have one or many thousands of distinct microorganisms within you, a tiny proportion of which may in certain circumstances become pathogenic (disease-causing).

Modern day epidemiologists, especially since the arrival of covid-19, now not only track disease incidence, disease severity and mortality. They track cases of infection - whether real or anomalous. Worse than that, politicians now make decisions based on what they consider to be cases of infection, with very little idea of whether the supposed infections are genuine (i.e. true or false positives), whether the infections are transmissible (which will depend on the viral load in an individual, among other factors), or whether the positive test result was flagged by non-viable fragments of viral proteins that have zero capacity to infect or replicate.

All of this greatly complicates any attempt to successfully exit this pandemic - especially as governments become progressively more tyrannical and authoritarian.

Solutions lie in diversity

Complexity and uncertainty are the two things guaranteed in this host-pathogen interaction. If only it were simpler. But we know, for instance, that a robust T cell response with a negligible innate and antibody response [can successfully clear \(sterilise\) virus](#) from a host. We also know [high antibody titres are no guarantee of successful neutralisation of viral particles](#). And that innate immunity in [children and younger people can be a major reason](#) for their tolerance of infection. We also know that everyone who has a compromised immune system fares less well than those with healthy, competent immune systems.

Given that immune escape variants are becoming more widely distributed – can we really put just the one egg in our basket, in the hope that the now-promised tweaked vaccines will deliver the necessary immune response to quell the current crop of circulating variants? Can they really deliver the equilibrium in the host-pathogen relationship so many are desperately hoping for?

Adding another 7 eggs to the basket

Herein lies the central place where the views of most natural health advocates diverge from those who are predisposed to unilateral solutions such as vaccines or monoclonal antibodies: our immune systems can be manipulated in ways that make them more competent in the face of infection by all variants of SARS-CoV-2 (as well as other pathogens).

Among these strategies that help support more competent, broadly-based and resilient innate and adaptive immune responses are those that reverse epigenetic ageing. These include:

1. A healthy, varied and diverse diet and healthy lifestyle
2. Vitamin D supplementation (or ample sunshine)
3. Vitamin C supplementation
4. Zinc supplementation
5. Magnesium supplementation
6. Ivermectin plus quercetin, melatonin, vitamin D and vitamin C supplements
7. Beta glucans supplementation.

Recognition of the importance of diversity has belatedly become *de rigeur* socially and environmentally. The same broadmindedness is now desperately needed in the new age of politicised medicine that took the world by storm some 12 months ago.

Or we might never be weaned from the treadmill that has been presented to us as a solution that potentially takes us into a human version of the environmental catastrophe that Rachel Carson warned the world about in 1962 if intensive pesticide use wasn't curtailed.

UK docs and nurses speak out, get censored, then threatened

After UK consultant Dr Polyakova's plea was censored by The BMJ, more revelations emerge over censorship and threats against those who dissent

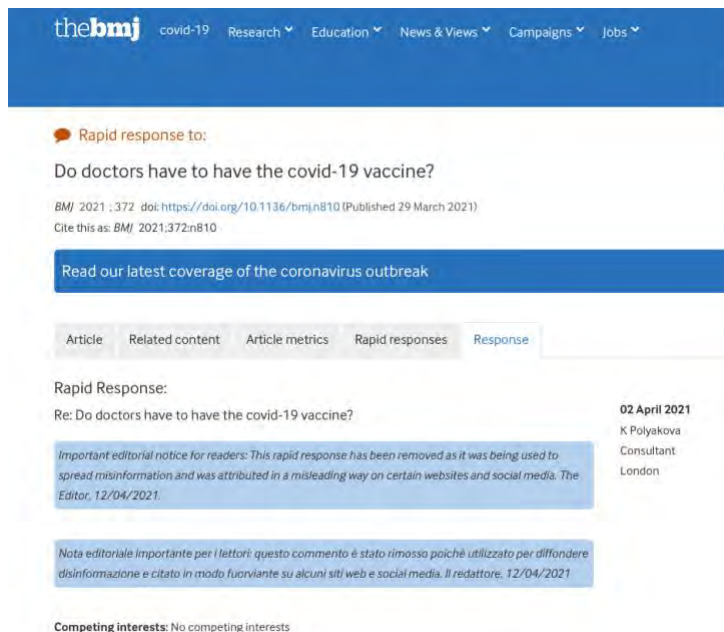
Date: 15 April 2021

Content Sections

- [●The BMJ guilty of blatant censorship](#)
- [●Let dissenting medical voices be heard](#)
- [●Doctors speak out](#)
- [●Breaking news...](#)

[The BMJ guilty of blatant censorship](#)

On Monday, *The British Medical Journal* (The BMJ) reminded us that ‘cancel culture’ was still alive and prospering in medical journals. Ironically, one that has lauded its focus on transparency. A Rapid Response by a London-based consultant, [Dr Katya Polyakova](#), in response to the article “*Do doctors have to have the covid-19 vaccine?*”, was censored for ostensibly “... being used to spread misinformation and was attributed in a misleading way on certain websites and social media”. Well, we’ve been able to find [Dr Polyakova's deleted response](#) (thanks to the [Wayback Machine](#)), and [read one of the leading articles](#) that broke the story and we definitely do not concur.



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Rapid response to:

Do doctors have to have the covid-19 vaccine?

BMJ 2021;372 doi:https://doi.org/10.1136/bmj.n810 (Published 29 March 2021)
Cite this as: BMJ 2021;372:n810

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Article Related content Article metrics Rapid responses Response

Rapid Response:

Re: Do doctors have to have the covid-19 vaccine?

02 April 2021
K Polyakova
Consultant
London

Important editorial notice for readers: This rapid response has been removed as it was being used to spread misinformation and was attributed in a misleading way on certain websites and social media. The Editor, 12/04/2021.

Nota editoriale importante per i lettori: questo commento è stato rimosso poiché utilizzato per diffondere disinformazione e citato in modo fuorviante su alcuni siti web e social media. Il redattore, 12/04/2021.

Competing interests: No competing interests

Source: [The BMJ](#) [last accessed 14/4/21].

[Let dissenting medical voices be heard](#)

Dr Polyakova's letter to the Editor of *The BMJ* doesn't mince words. It's informed by actual frontline, on-the-job experience and it illuminates a reality that clearly the authorities don't want out there — at any cost. Shame on you *BMJ* for caving in when a respected consultant is waving a red flag that could in time save lives and prevent health misery for many others.

The censorship of anyone questioning the need for mass vaccination to combat the covid-19 pandemic is unprecedented. It's worth noting that all four of the 'experts' quoted in [The BMJ article](#) that Dr Polyakova was responding to, support the mandatory vaccination of doctors to 'protect' their patients. Seeing as this is *The BMJ*, one would expect that in the interests of scientific and medical discourse, doctors would be encouraged and entitled to enter the debate. Clearly, Dr Polyakova's real-world, first-hand, account of the problems associated with the mass vaccination of health care workers in the NHS is considered to be a little too much truth to handle perhaps?

"The levels of sickness after vaccination is unprecedented and staff are getting very sick and some with neurological symptoms which is having a huge impact on the health service function. Even the young and healthy are off for days, some for weeks, and some requiring medical treatment. Whole teams are being taken out as they went to get vaccinated together." - Dr Katya Polyakova, consultant psychiatrist, London

[Read](#) Dr Polyakova's response in full, or click on the image below to launch a PDF of her response.

Do doctors have to have the covid-19 vaccine?

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n810> (Published 29 March 2021)

Cite this as: BMJ 2021;372:n810

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Rapid Response:

Re: Do doctors have to have the covid-19 vaccine?

Dear Editor

I have had more vaccines in my life than most people and come from a place of significant personal and professional experience in relation to this pandemic, having managed a service during the first 2 waves and all the contingencies that go with that.

Nevertheless, what I am currently struggling with is the failure to report the reality of the morbidity caused by our current vaccination program within the health service and staff population. The levels of sickness after vaccination is unprecedented and staff are getting very sick and some with neurological symptoms which is having a huge impact on the health service function. Even the young and healthy are off for days, some for weeks, and some requiring medical treatment. Whole teams are being taken out as they went to get vaccinated together.

Mandatory vaccination in this instance is stupid, unethical and irresponsible when it comes to protecting our staff and public health. We are in the voluntary phase of vaccination, and encouraging staff to take an unlicensed product that is impacting on their immediate health, and I have direct experience of staff

Doctors speak out

With the leaking of the UK government's intention to mandate vaccination for UK care home staff, [Dr Sinead Murphy has thrown her hat into the ring](#) to express her concerns about the vaccination of healthy people and call for medical professionals "*to stand up and be counted*". The UK government is [launching a 5-week consultation today](#) on whether covid vaccination should be made a condition of employment for care home workers.

After [reports](#) that Chief Medical Advisor, Dr Chris Whitty, has said that doctors have a "*professional duty*" to be vaccinated against covid-19, GP Dr Clare Jones, wrote to her MP to protest against the prospect of mandated vaccination. In [a stinging rejoinder](#), she questions whether the government is prepared to lose her years of experience (and no doubt many others) because she chooses not to be vaccinated? If the NHS is so short-handed and under siege, as we are continually being led to believe, we would hope not.

Yet, in a move that further threatens the rights and freedoms of doctors, the General Medical Council (GMC) has threatened action against medical professionals who refuse to be vaccinated. Emulating the psychological manipulation we're seeing being employed globally to bring citizens around the world into line to be vaccinated, doctors are now subject to emotional blackmail, being told it is their "*professional duty if offered the jab to take the jab*". We see this as blatant coercion which is diametrically opposed to informed consent. If there was ever a time when doctors in the UK needed to take a stand, it would be now.

Breaking news...

Yesterday (14/4/21) on UK Column News: [NHS whistleblower exposes UK vaccine policy](#) (time stamp: 00:27— 13:40)

The ANH 'Who Wants To Be Covinformed?' Gameshow

ANH spoof on UK gameshow, 'Who Wants To Be A Millionaire'

Date: 15 April 2021

We've been doing the science and law thing around natural health for close on 20 years now.

But the seriousness and importance of our current predicament also triggers our team to look for new, interesting and even amusing ways of sharing information.

So when Ismail said why don't we use ITV's 'Who Wants To Be A Millionaire' gameshow format, the [show now hosted by ex-Top Gear presenter Jeremy Clarkson](#), we jumped at it. The concept was to take a number of pieces of information that have been condemned widely and with voracity as conspiracy theories, that were later supported by evidence. We have a big list of these, and 8 of them made it to the final cut.

Following is the product. We hope it both informs and amuses. Please share widely.

<https://www.brighteon.com/74ff69f1-01f5-454d-9f1c-92ec9a9fa3d6>

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Think like a doctor, scientist, ecologist and economist – then become a conscientious objector

ANH founder takes us through some critical thinking steps that lead to just one conclusion

Date: 15 April 2021



Isn't it time for critical, multi-disciplinary thought - and conscientious objection?

Content Sections

- [Think like a doctor](#)
- [Think like a scientist](#)
- [Think like an ecologist](#)
- [Think like an economist](#)
- [Become a conscientious objector](#)

By Rob Verkerk PhD; founder, scientific and executive director, ANH-Intl

This won't be the first time we've suggested that we're all going to have to get used to the uncertainty that stems from, among other things, the complexity of the science, the rapidly evolving knowledge base, and the sheer number of interacting political, social, medical and biological factors at play. That means we have to live with uncertainty in the science around the dynamics of our interaction with the SARS-CoV-2 virus, over what our lives might look like in the months to come, and how our governments might respond, depending on circumstances.

But we shouldn't be passive recipients of decisions made by those who are pulling the strings of government and industry. We need to be empowered participants – and that requires critical thinking.

Critical thinking:

the objective analysis and evaluation of an issue in order to form a judgement.

Also, since the problems with which societies are trying to grapple are so multi-disciplinary, we're not going to unravel them if we come at them from any one discipline or direction. That's why I offer you here perspectives from 4 disciplines, quite deliberately leaving out politicians and business leaders, because they're already running the show that's been taking us nowhere for over 12 months.

You could write a book about each of these viewpoints – but we've only got the space here for a few words. They're really nothing more than prompts for the need for critical thinking. Our journey through this process, as you'll see, leads us to the view that we need to urgently resurrect the principle of conscientious objection that has historically helped achieve balance between civic responsibilities and liberties during times of war, [especially during controversial ones like the Vietnam War](#).

As you read on, you'll find we've shoe-horned in an interview by [Pandemic Podcast's Dan Astin-Gregory](#) from Tuesday, in which Dan questions me over our current predicament from a multi-disciplinary perspective.

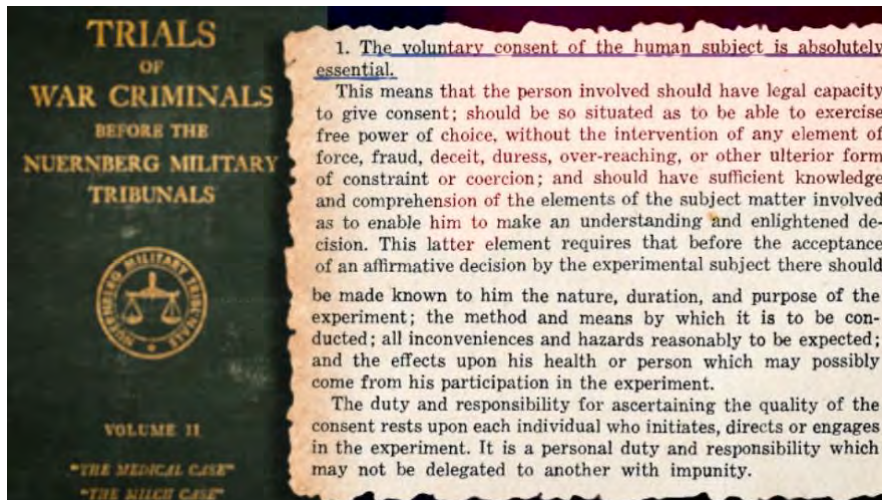
Think like a doctor

[Today's Hippocratic Oath](#) that has diversified from the original, 2,400-year-old writings of the Greek physician and philosopher, Hippocrates, often described as the 'father of medicine', still forms the basis of medical ethics that underlie the modern practice of medicine. Probably the best known aspect of the oath is a re-interpretation of Hippocrates' original code of ethics that is known as 'primum non nocere' (in English: 'first do no harm'). The ethic is widely viewed as an [injunction against over-treatment](#) by drugs (e.g. antibiotics) as well as caution over the use of experimental drugs or vaccines.

The oath includes the following: "[I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them.](#)"

They also commit to [informed consent](#) – not coercion, the latter being viewed as unethical by the oath's standards. As a result informed consent is built into [modern day ethics, practice guidelines and law in most countries](#).

Then there are many lessons to be learned from the use of humans in experiments, leading to the [Nuremberg code](#), that itself embodies the principles of the Hippocratic Oath [focusing on patients rights in relation to research](#). Lest we forget.



So why are medical licensing authorities around the world striking off doctors who advise perfectly healthy people — or those who might be at greater risk of adverse events owing to their autoimmune condition — that it might not be in their best interests to consent to an experimental vaccine? Many of these doctors are joining the newly-formed [World Doctors Alliance](#) to share their ordeals and help redress the injustices.

At this point – you might want to also think like a lawyer and consider how you might address the multiple breaches of medical ethics, law and civil liberties that have been gathering pace around the world ever since the genome of a new virus was sequenced back in January 2020.

Let's think critically.

Think like a scientist

There are a lot of unresolved questions when you attempt a global anti-viral campaign using a combination of lockdowns, social distancing and highly specific vaccines. Belgian vaccinologist, Dr Geert Vanden Bossche, [who we interviewed 3 weeks ago](#) has recently [posed 17 important questions around vaccine effectiveness and herd immunity that have yet to be resolved](#). He is deeply concerned about the possibility of a 'rebound' following the current drop in cases triggered by vaccine resistance which he argues will be seen first in the most heavily vaccinated countries, such as Israel and the UK.

There do appear to be some government scientists concerned that the current crop of vaccines won't nail the problem in the way the public were promised at the outset given there are warnings of [future lockdowns already being issued in the UK](#).

In fact, [recent modelling by the UK government's Scientific Pandemic Influenza Group on Modelling , Operational sub-group \(SPI-M-O\)](#) has taken models including both pessimistic and optimistic scenarios developed by Imperial College London, Warwick University and the London School of Hygiene and Tropical Medicine, and found a resurgence - a third wave - is inevitable in late summer, Autumn or Winter. That's even with 90% vaccine coverage among the more vulnerable older populations, and it doesn't include important confounders that could muddy things, such as immune escape variants or waning immunity.

[Immune system 'breakthrough' is already being reported](#) in the most vaccinated country in the world, Israel.

The public continues to be told repeatedly (e.g. [here in the UK](#) and [here in the US](#)) that the vaccines are 'safe' and 'effective' and that they remain the only option for exit to some semblance of normality. Both claims are wrong scientifically (and legally inaccurate and misleading). The first because the Phase 3 trials on which emergency authorisations were granted are incomplete, the vaccines don't stop transmission, and they are associated with harms, albeit ones viewed as rare at this stage, that were not identified during limited Phase 3 trial data that was the basis for their public release as experimental products. A very large number of studies on different covid vaccines, including on children under the age of 12, are currently recruiting and have yet to be started as can be seen via [ClinicalTrials.Gov](#).



Coronavirus (COVID-19) vaccine

The coronavirus (COVID-19) vaccine is **safe and effective**. It gives you the best protection against coronavirus.

Who can get the COVID-19 vaccine

The NHS is currently offering the COVID-19 vaccine to people most at risk from coronavirus.

In England, the vaccine is being offered in some hospitals and pharmacies, at local centres run by GPs and at larger vaccination centres. More centres are opening all the time.

Source: [NHS \(UK\)](#) [accessed 15 April 2021]

Ensuring COVID-19 Vaccine Safety in the US

Updated Apr. 13, 2021 Languages ▾ Print

CDC and FDA have recommended a pause in the use of the Johnson & Johnson's Janssen COVID-19 vaccine in the United States out of an abundance of caution, effective Tuesday, April 13. CDC will convene a meeting of the Advisory Committee on Immunization Practices (ACIP) on Wednesday, April 14, to address this issue. People who have received the J&J/Janssen COVID-19 vaccine within the past three weeks who develop severe headache, abdominal pain, leg pain, or shortness of breath should contact their health care provider.

J&J/Janssen Updates

Source: [CDC \(USA\)](#) [accessed 15 April 2021]

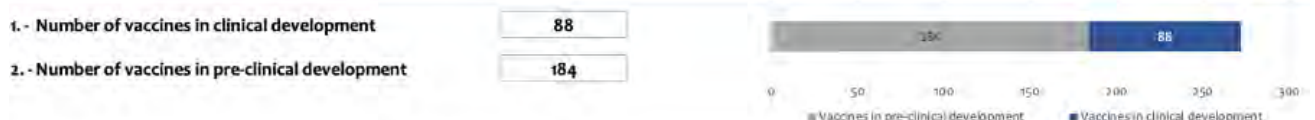
We are yet to have robust data on long-term memory T cell responses for vaccination and many studies ([such as this one](#) by the Public Health Agency of Canada and University of Manitoba Canada) have yet to start recruiting.

We refer to these vaccines as experimental because they are not formally licensed - they have emergency use authorisations - and many experiments that aim to understand their function, safety and effectiveness are ongoing, typically involving members of the public and health professionals.

Just how concerned should we be about autoimmune risks from the Oxford/AstraZeneca and J&J/Janssen vaccines that rely on genetically modified chimpanzee common cold virus vectors? The fact that we see an increased autoimmune response in the form of '[vaccine-induced immune thrombocytopenia](#)' that appears to affect healthier, younger people, especially women, is in our view a very important signal. Especially as it signals the very issue of '[molecular mimicry](#)' that one of the most well respected researchers in the field of autoimmune disease, [Dr Yehuda Shoenfeld, warned about months ago](#).

Is the scientific community, regulatory authorities and the public ready to cope with the amount of data on all the other vaccines coming through the pipeline? There are currently 88 covid vaccines in clinical development and a further 184 in preclinical development. You can stay up-to-date on this by keeping tabs on the [WHO's Covid-19 candidate vaccine landscape and tracker portal](#) (screengrab below).

Summary Information on Vaccine Products in Clinical Development



Source: [WHO](#) [accessed 15 April 2021]

Only time will tell which way all the current uncertainty pans out. This is not something we can model our way out of. The diverse range of interacting factors are simply too numerous, too poorly understood and too complex, hence the importance of trying to maintain an ecological perspective (below).

Another part of the job of any good scientist is to emerge from your silo and stand back from the problem you're researching. When you do this, you quickly become aware how much the WHO response to covid-19 has been predicated on the availability of [molecular sequencing technologies that have only become ubiquitous in recent years](#). As epidemiologists like Dr Knut Wittkowski said when [I interviewed him a couple of weeks back](#), if we hadn't sequenced SARS-CoV-2, we would have treated covid-19 "*just like another flu*". The virus would also have by now likely become endemic, another member of the assorted range of respiratory viruses because without lockdowns and related measures we would have achieved [herd immunity](#) from naturally-acquired infection much quicker.

What is incontrovertible is that, right now, the global population is part of the largest experiment ever carried out, such is its faith in the scientific method and those scientists who have the ear (and usually the money) of governments.

We need to think very seriously about how prevailing scientific views can be warped when so many dissenting scientific voices are silenced or marginalised as they are presently.

Let's think critically.

Think like an ecologist

Ultimately, we are all students in Nature's new lesson in population dynamics and evolutionary biology, as we witness a new virus establishing itself in its new host. Mass selection pressure from the most intensive vaccination programme ever conducted, coupled with widespread infection in communities, as well as the impact of lockdowns, social distancing and related measures, appears to be providing a perfect breeding ground for more 'immune escape' and vaccine resistant variants.

Scary as that may sound, any ecologist will tell you, you shouldn't be fearful of viruses in general. We and other life forms on our planet wouldn't be here without them. Viruses are [exquisite agents of genetic transfer and drivers of evolutionary processes](#), with genetic recombination and horizontal gene transfer between the genetic material of viruses and higher organisms occurring often, not rarely, in evolution.

Karin Moelling and Felix Broecker, in their [article in the *Annals of the New York Academy of Sciences*](#) (2019), remind us that Darwinian views of natural selection have now been extended so we now recognise that "*[v]iruses and related elements introduced genetic information [that] have shaped the genomes and immune systems of all cellular life forms.*"

The *modus operandi* of viruses includes [genetic variation](#), competition among variant forms, and 'selection' of the variants that can most successfully establish themselves in a host

population in a given environment. All things we should be scrutinising closely at the moment.

'Mutants of concern' are clearly on most of our radars. An important question is: are they growing or declining in frequency? In some countries, including ones where vaccinations have occurred at a high rate, such as the [UK](#), [Israel](#) and [Chile](#), they are increasing and have [already become dominant](#), or are on the way there. That should be a very large, flappy, red flag to anyone who has a reasonable grasp of evolutionary selection pressure on viruses with pathogenic capacity. More infection – including more silent infection among asymptomatic people (even if reduced by vaccination) – provides more opportunities for mutation. If we continue to drag out the time it takes for the virus to just become another endemic component of our virosphere, there will be more opportunities and more mutations.

Not dissimilar to a game of Russian roulette – so why don't we start counting our chances?

If variants become both more transmissible and more virulent, while also including [immune \(or vaccine\) escape mutations](#) — all trends we are [witnessing in some parts of the world](#) — we could be in deep trouble down the road. At the very least, we stay on the vaccine (or [monoclonal antibody](#)) treadmill, trying to develop new vaccines (or monoclonal antibody therapies) that outsmart the virus when we should know better; that the virus will continue to outsmart us if we maintain such intense selection pressure on it.

If we put [all our eggs in the basket of vaccines](#) that target the very part of the virus that is most subject to mutation, we place a selection pressure on the virus that favours the development of [immune escape variants](#). Scientists and vaccine developers are [trying to work their way around these viral variants](#), but there's no guarantee of the outcomes. It's an experiment in which vast numbers of citizens have become unwitting participants.

Let me throw in one more concept that is ecological in nature: [herd immunity](#). The base equation used by government scientists that estimates around 70% of the population need to be vaccinated or exposed to the virus to achieve herd immunity is flawed. It is predicated on a number of assumptions that don't apply: equal mixing of populations and successful sterilisation of the virus in vaccinated people and those exposed to wild virus being just two. This just isn't the case. In the real world, the situation is much more complex than in an idealised model. Randolph and Barreiro remind us in their [review](#) in the journal *Immunity* that “[e]pidemiological and immunological factors, such as population structure, variation in transmission dynamics between populations, and waning immunity, will lead to variation in the extent of indirect protection conferred by herd immunity.”

For vaccinated people, antigen-specific antibodies bind firmly to virus particles and competitively oust natural antibodies, giving vaccinated people potentially less cross-immunity to mutant variants that are more infectious and the wave of infectivity continues.

It's not just the Western scientists, doctors, practitioners and citizens who supported the tenets of the [Great Barrington Declaration](#) and thought governments were on the wrong track. A similar view was [held by Chinese scientists](#).

This is not a good time to cast aside the wisdom of [Charles Darwin](#), one of the greatest naturalists to have graced the planet, who was among the first to make our species aware of the importance of natural selection.

Let's think critically.

Think like an economist

I'm not going to say much here, being I am not an economist. But you don't need a degree in economics to know if you close a bunch of businesses for close on a year, economies become unstable. Markers such as unemployment are hard not to miss given they're rising like a helium balloon, affecting some [age groups](#) and [ethnicities](#) disproportionately.

Then there's the [long-term effects on the economy from lost education](#).

But, in relation to economics, as an ecologist, I'd like to draw your attention to two things: a) to the boom and bust cycles that are linked to the prevailing Keynesian economic policies that seem to be [par for the course](#) and mirror our ecological interaction with the SARS-CoV-2 virus. And b) remind ourselves of the incredibly deep economic trouble we are getting ourselves into if we continue to, as we have for the last 12 months, divert so much attention to a single viral pathogen, at the cost of so much else, accepting staggering amounts of collateral damage in the process.

Do we repeat the same process every time the genes of a new human pathogen are sequenced?

Let's think critically.

Become a conscientious objector

It takes all types. We came across a health coach with 5 kids in the US called Christian who has [18 reasons he won't be getting a covid vaccine](#). Including the fact he's super healthy and has already had covid. The other 16 reasons are much more interesting. The fact his post has had nearly 2 million views and almost 2000 comments since its release a few days ago speaks volumes.

It wouldn't make sense to force people like Christian and his young family to be vaccinated – that would be the best way of dividing society further. It would be best to allow people like Christian to express themselves, which they can only do now on limited platforms like a private website. It is important too that they can exercise their right to refusal, their informed consent, and their right to conscientiously object – or even protest. Many of these rights are now at risk so don't sit back if you value them.

Every one of these rights has been fought for by the generations before us.

I believe very soon it will be necessary for those who have remained silent up to this point to raise their hands. For all of us, together, who are concerned by the current direction taken by governments and health authorities in their efforts to deal with a [moderately infectious](#),

not particularly virulent virus to raise our hands – or, if you prefer, your fists – and stand up and be counted.

To be effective, we must know what to look for and where to find it. We'll continue to do what we can to help you, through our multi-disciplinary lens, make sense of this confusing yet wonderful world we all inhabit. Helping to support our ability to make carefully considered healthy choices, naturally and sustainably.

Lessons on the importance of self-determination from our past

Why we need to hold in check our need to blame and be saved

Date: 21 April 2021

Content Sections

- [The need for a 'saviour'](#)
- [A bird's eye view](#)
- [Medicine through the ages](#)
- [The power of beliefs turned 'facts'](#)
- [Taking candy from a baby](#)
- [Creating lasting change](#)

By Meleni Aldridge, executive coordinator

The need for a 'saviour'

Taking a more existential view of what's occurring on the planet right now, one could see the current challenges as impetus for self-realisation. To acknowledge finally that we're all sovereign beings, powerful enough to create what we want in life, including good health. Rather than being left to the mercy of others who may not have our best interests at heart.

There certainly appears to be an awakening, dare I say a 'great awakening', taking place as to how we, as citizens, have been manipulated, controlled — and enslaved, if we're really honest — for decades if not hundreds or thousands of years. Perhaps because of the major Achilles heel that humans seem to share? The need to blame something else and to look for an external cause for what ails us. Equally, the desire to find a saviour – other than ourselves, someone or a collection of individuals who can swoop in and make everything right. We see this playing out most clearly with our health and the field of medicine. Especially now.

In looking back in history as to how people reacted in similar circumstances, we were drawn to the writings of two American authors, Eleanor McBean and Ida Honorof, in their book, *Vaccination: The Silent Killer, a clear and present danger* (1977). Both doyennes of consumer protection and health freedom, campaigners, activists and tireless communicators in their bid to educate and turn citizens from blind faith to critical choice.

Their inspiration for the book came after appearing at Los Angeles County Board of Supervisors and presenting facts and figures which all fell on deaf ears. As a result, they rushed to press with an endeavour to educate the people instead.

Looking back over the last 44 years, they may have created a small ripple, but not the tidal wave they'd hoped for. Such is the trust in the propaganda machine and the desire for

saviour archetypes, our blind focus on external causes and the ego's need to remain within the herd, not cast out of it.

“Against centuries of false propaganda, favoring vaccinations, with this book we hope to stem the tide of shocking facts with documentation gathered from world sources of medical records, findings of dedicated researchers, congressional hearings and public health reports. THE PEOPLE HAVE A RIGHT TO KNOW THE TRUE HAZARDS ABOUT VACCINES...”- Ida Honorof & Eleanor McBean, *Vaccination: The Silent Killer*, a clear and present danger (1977)

A bird's eye view

Search for McBean online and you'll find she's been tarred and feathered as an anti-vaxxer. But rather than discount her out of hand, we looked further and found that she was actually a naturopathic doctor with a PhD. McBean is the author of two books (maybe more), *Vaccination Condemned* and *The Poisoned Needle: Suppressed Facts about Vaccination*; and the co-author with Honorof of the above-mentioned book.

Given that McBean was a child during the Spanish flu of 1918, she must have been in her dotage when the last book was published. Evidence enough of extreme passion and persistence in trying to get her message out.

“Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation's health than this monument of human deception—this slayer of the innocent—thiscrippler of body and brain—THE POISONED NEEDLE.”- Eleanor McBean PhD ND

Dr McBean's passion appears to have been instilled in childhood as her observations of the 1918 Spanish flu clearly left an indelible mark. Whilst we've not been able to locate a copy of her book, *Vaccination Condemned*, [we have found a fascinating excerpt](#), which gives some insight into her account of the time. Some of what she writes has a definite ring of familiarity:

“When the flu was at its peak, all the stores were closed as well as the schools, businesses... No one was on the streets. It was like a ghost town... While the medical men and medical hospitals were losing 33% of their flu cases, the non-medical hospitals such as BATTLE CREEK, KELLOGG and MACFADDEN'S HEALTH-RESTORIUM were getting almost 100% healings with their water cure, baths, enemas, etc., fasting and certain other simple healing methods, followed by carefully worked out diets of natural foods. One health doctor didn't lose a patient in eight years...”

Medicine through the ages

It wasn't so long ago that the public was thoroughly convinced by the "medicine men" that evil spirits were the cause of disease. In fact, since antiquity to Pasteur's germ theory in the 1800's, [theories behind the causation of disease](#) have ranged from the Demonic Theory (evil spirits), to the Punitive Theory (disease is a punishment from an angry and neglected God), to the Miasmatic Theory (disease is caused by vapours and miasmas emerging from the ground).

The common thread throughout is that disease and ill health is caused by something external to our bodies. Ironically, we don't appear to have moved on as far as some would like to think, given most people care to blame our current predicament on a virus, in apparent neglect that it almost exclusively exploits individuals with sub-optimal immune function.

If we go further back in history to the writings of Hippocrates (460-370 BC), you find a very different perspective, one that is more in line with current thinking within the marginal worlds of traditional systems of medicine, integrative and naturopathic medicine. Hippocrates instituted personal treatment instead of exorcising spirits or making sacrifices to deities. He also wrote extensively about disease being a process and the need for the right diet and right environment in line with natural laws to bring the body back into balance again. He had a considerably more limited view of anatomy and physiology than we do now, but he knew more than enough to make healing and health a proactive, body-oriented, approach to regeneration, self-healing and the re-establishment of equilibrium of internal systems.

Medical history shows that after the health high points brought about by Greek hygiene and Roman sanitation, there was a recession back to the filth of earlier times and the theory of disease caused by demonology. The Dark Ages saw plenty of pandemics ([check out our video for a historical perspective](#) on the current pandemic!): leprosy, the bubonic plague and syphilis, among others, which together embedded the notion of contagion. Throughout, we see the diktats of the physicians of the time combined with the unquestioning belief from citizens.

Charles-Edward Amory Winslow, in his book *The Conquest of Epidemic Disease* (1943), writes that "... for two millennia, laymen were generally contagionists and physicians were miasmaticists". Winslow postulates that this was not down to any prejudice on the part of the medical profession, but because citizens observed certain phenomena and then jumped to the conclusion of contagion.

The power of beliefs turned 'facts'

Our ability to jump to conclusions, make assumptions and accept authoritarian diktats, combined with our inbuilt desire for external causes and saviour solutions are factors we simply can't ignore at present. These traits, some of which come from our desire to conform to social norms (however absurd they might appear when we look back), make us intensely vulnerable to psychological, social and behavioural manipulation. As well as being fodder for experimental treatments.

The unique ability humans possess to influence our destiny and create and manifest our desires, lies in our power to harness and direct our thoughts. Our thoughts, and our

intentions, inform the direction that our energy takes, which is why we're always manifesting, whether consciously or not. Each thought we have has a frequency that creates an energy flow, which in turn attracts a similar frequency. Gabrielle Bernstein [describes it beautifully and so simply](#) when she says, "So if you're thinking, 'I suck', then your energy kinda, well, sucks — and you attract sucky experiences. The opposite experience occurs when you think high-level thoughts like, 'I rock! When you think and feel, 'I rock', you exude an energy of confidence and in turn attract great experiences into your life".

The thoughts (and feelings) we choose to take on as beliefs and translate to 'facts', which we then put our power of intent behind, are pivotal. A mechanism that is incredibly [well understood by the authorities today](#), which is why we've seen such blatant emotional and manipulative messaging during the past 14 months.

Such has been the success of harnessing control through mass media messaging that we have seen the UK's small 7-person Behavioural Insights Team become a ['global social purpose company'](#) with a much wider, more joined-up sphere of influence.

Taking candy from a baby

Without more people becoming aware of how their minds and emotions are being harnessed to drive monumental mass creative manifestation, the direction we are taking will not be of our choosing. Imagine a world without fear-driven public health messaging? Imagine harnessing the power of your thoughts to create a world full of the type of experiences that benefit people and planet that so many of us desire?

However, happy-ever-after doesn't appear to be what's in store for the world if the [Johns Hopkins Center for Health Security's futuristic scenario report, SPARS Pandemic \(2025-2028\)](#), published in October 2017, just two years before SARS-CoV-2 appeared, is anything to go by. Whilst the disclaimer at the front states that the report is "entirely fictional", of note is that it's completely targeted at public health risk **communicators** (our emphasis not theirs).

"This is a hypothetical scenario designed to illustrate the public health risk communication challenges that could potentially emerge during a naturally occurring infectious disease outbreak requiring development and distribution of novel and/or investigational drugs, vaccines, therapeutics, or other medical countermeasures. The infectious pathogen, medical countermeasures, characters, news media excerpts, social media posts, and government agency responses described herein are entirely fictional." - The SPARS Pandemic 2025 - 2028

The report's narrative is all about different scenarios that could illustrate communication dilemmas concerning medical countermeasures that could emerge should – heaven forbid – a pandemic occur. Now that we have a real pandemic, one that may indeed have been over-hyped, it's especially important to glean what we can from the report to see what we

might or might not want in our futures. Disturbingly, the scenarios described bear an uncanny resemblance to existing ones and potentially provide a telescope into the future of where we might end up if we don't change the current trajectory.

It's set in 2025 and takes into account "...a world comprised of isolated and highly fragmented communities with widespread access to information technology". Unsurprisingly given what we are experiencing now [with regard to new mutations](#), the medical emergency is based on an outbreak of a novel coronavirus emanating from South-East Asia and discovered by a RT-PCR test. Enter SPARS-CoV or SPARS, the St Paul Acute Respiratory Syndrome Coronavirus, named after the fictitious city where the first cases were found. There was some deviation when 'they' rejected Donald Trump's use of the term 'Wuhan virus'.

You won't need a crystal ball to work out that social isolation, hand washing, staying at home and vaccines all find their place, but of potential concern is that we are now introduced to the concept of animal vaccines for livestock — and a major cull of 'infected' animals. Is it just coincidence that the only animals mentioned are those in the human food chain given how many tech founders like Gates are [betting big on synthetic biology, meatless meat?](#)

Reading through the scenarios feels like going into a changing room with a selection of outfits to try on to find the one that fits the moment perfectly. It's [definitely worth a read](#), if only to ensure that you are free to think different thoughts and use your inherent power to create a more positive scenario when the mass media machine cranks up.

Creating lasting change

After the last 14 months, the world may appear more divided, polarised and oppressed than ever before. Looking back through the lens of Ida and Eleanor what we are experiencing is definitely not new but look closer and there is a marked difference — the growing number of awakened people galvanised into an active change movement. Communities have been strengthened by more heart-centred actions of neighbours helping neighbours, the Internet has connected people like never before, a flourishing alternative media refuses to be stamped out, freedom trading groups are springing up to power an alternative economy and the environment has been given time for regeneration whilst the world paused.

More than at any other time in history, this dynamic transformation we are effecting in the world is coming from those of us with a steadfast desire to walk a path other than the one being thrust upon us. It is our single-minded intent, our emotionally-charged thoughts about the end game and the passion in our hearts for the world we want our children to inherit that's going to get the job done. We have all to play for and so much to be grateful for.

These are trying times and many of us are being tested to the limits. Rather than creating more division and polarisation, let's continue doing what we are doing with deep empathy and compassion, along with absolute knowing that we are the change. We never dream of shouting at the flowers to bloom, we just know that they will in their own perfect timing.

>>> [Visit our CovidZone.org](https://www.CovidZone.org) for extensive coverage of the last 14 months of the pandemic

Help crowdfund a no-brainer Vitamin C study that could save lives

Governments and industry won't fund it. So it's left to us. Find out how vitamin C pee-sticks could save our parents and grandparents.

Date: 21 April 2021

Anticipating a third wave of covid-19 infections in the UK in the autumn, Boris Johnson, [announced](#) yesterday that it's anticipated people with a positive covid test will be able to take a pill at home to "stop covid in its tracks" by the autumn. He further asserted that such pills will prevent progression to a more serious infection and may even prevent someone from catching the virus. A glaring omission from his announcement was [vitamin C](#) and its ability to combat viral infections both effectively and cheaply.



"Grandparents lives do matter! It's not good enough for us to allow tens of thousands of people to die probably, ultimately, from a vitamin C deficiency." – Patrick Holford BSc, DiplON, FBANT, NTCRP

Despite 60 trials of vitamin C for the treatment of covid-19 being registered on [Clinicaltrials.gov](#), only 13 have been completed so far. The good news is the majority of outcomes are positive thus far. One of the most positive is a [study](#) published in the *Annals of Intensive Care* of ventilated patients in Wuhan which reported 80% less deaths in the vitamin C group. However, a [randomised controlled trial](#) published in *JAMA Network* was widely reported by mainstream media as finding vitamin C doesn't work for covid-19, despite peer reviewers highlighting problems with its data analysis and it initially being rejected for publication.

"We know vitamin C saves lives in the critical care phase."

"...what we would have predicted in a trial giving 8g of vitamin C in the first day of infection is 20% shorter infection. What they got was 18% shorter infection. What they did, was to do the statistics in a way to say it was not significant, when actually there was a 70% statistically significant rate of improvement." – Patrick Holford BSc, DiplON, FBANT, NTCRP

Nutritionist Patrick Holford spoke to ANH founder Rob Verkerk PhD this week (see video below) about the importance of having adequate levels of vitamin C to be able to fight off infections, the need for timely intervention when someone becomes ill, and Patrick's involvement in the [VitaC4Care study](#). The study is led by [Professor Phyo Myint](#), Clinical Chair in Medicine of Old Age and [Dr Alan Sneddon](#), from the Rowett Institute's Metabolic Health Unit, University of Aberdeen, UK, together with [Dr Stavroula Kastora](#) from NHS

Grampian and vitamin C researcher [Associate Professor Anitra Carr](#) from New Zealand's University of Otago.

>>> [Download](#) a copy of the Press Release

There are many unknowns in terms of individual vitamin C status. Particularly in care home residents. The aim of the study is to establish how much vitamin C an older person in a care home needs to have normal tissue saturation. Levels of care home residents in Scotland will be assessed through the use of "pee sticks" to assess levels of excreted vitamin C in urine. Because the team are unable to get funding through any of the normal routes, they are [crowdfunding](#) to raise the modest £20,000 needed to run the study.

Internationally acclaimed and leading UK nutritionist, Patrick Holford, started his career as a psychologist with an interest in brain health. He quickly realised good nutrition was key. As he researched, he came across the work of Dr Linus Pauling whose work of 39 years put vitamin C on the map. He found virtually all animals make it endogenously, apart from a few who've lost the ability. One group of which are the primates, including our own species. Dr Pauling noticed that animals who make vitamin C are remarkably resilient against all viruses and cancer. Because the food we eat contains far less vitamin C than when we evolved to stop making it, it's now even harder for us to be replete with vitamin C. It's akin to a design fault and the only practical way around it is to supplement.

Both Rob and Patrick agree that vitamin C is essential to combat a range of viral infections including covid-19.

"You uphold, as do we and a number of key researchers and clinicians around the world that low vitamin C status is a significant predisposing factor for severe covid disease"

– Rob Verkerk PhD

Someone with a blood level of less than 11 nmol/L of blood is considered to have [scurvy](#). All animals, that can produce vitamin C, keep their blood levels of vitamin C constant, around 60 nmol/L, whatever the circumstances. If they're exposed to a virus they ramp up production of vitamin C massively to counter the infection. Any excess is excreted in urine. Because humans have lost the ability to make vitamin C we need to hugely increase our intake at the first sign of any infection.

"You only really tip into serious covid if you don't get well within two weeks. It's the quantity of dead virus particles that build up and eventually the immune system spots this as an alien and attacks. This is the cytokine storm, the sepsis that kills people. Shortening a covid infection is massively important."

– Patrick Holford BSc, DipION, FBANT, NTCRP

On using vitamin C as a preventative, Patrick recommends taking 1-2 g per day. At the first sign of any infection, increase your intake to 1 g per hour or 2 g every 2 hours. The sooner you start taking vitamin C, the better. It's particularly important for older people who have a higher requirement for antioxidants. Patrick says *"We need it every day, we need a lot more on first signs of infection"*

What's changed in the past few decades is that the age of people in care homes has increased. The older you get the less efficient your cells are at fighting disease. You have a lot more oxidative stress and need more vitamin C. The [Linus Pauling Institute](#) estimate a person in a care home needs 10 times more vitamin C than younger people to normalise their levels. Yet, scurvy in care home residents isn't recognised.

"If you started with low vitamin C levels, didn't take any extra when you got sick, stayed sick for two weeks and then tip into the critical phase you've got no vitamin C. And that is what they're finding in ICU that most people have chronically low vitamin C levels."

– Patrick Holford BSc, DipION, FBANT, NTCRP

It's been extremely challenging getting the NHS on board with the use of vitamin C. When Patrick queried why no patients had been treated as part of the [REMAP/CAP trial](#) with one intensive care unit, he was told they didn't have any supplies of vitamin C.

"So, I rang up a supplier of intravenous vitamin C who very kindly agreed to donate vitamin C for the trial. The response was very sorry we can't buy from you we have to buy from Public Health England." "They've now got the vitamin C ... but they got it at the end of the second wave. They've got no people now!"

"Here we are, second wave through, and we're still ignoring it."

– Patrick Holford BSc, DipION, FBANT, NTCRP

For more information on how you can support the implementation of the new study please visit the [C4Covid site](#). Or to donate via the new crowdfunder, [click here](#).

"The tragedy of it is if you imagine the amount of medications that are being used in a care home environment. Huge amounts of the NHS budget are going towards that and we're looking at an incredibly low cost vitamin." - Rob Verkerk PhD

Speaking Naturally: renowned US paediatrician warns of child health crisis

Dr Michelle Perro reveals the drivers behind the increasing sickness of our children - and what we can do about it

Date: 28 April 2021

Content Sections

- [Genetic engineering, gain of function & the V](#)
- [Cause & effect](#)
- [Censorship & marginalisation](#)

[Dr Michelle Perro](#) is a renowned, California-based paediatrician of some 40 years standing. She began her career in acute care, where she went on to run an emergency department, and then to work with sexual assault and abuse victims, including children. But her professional life changed dramatically in 2006. A parent of a patient introduced her to the impact to a child's health caused by environmental toxicants and genetically modified foods which ignited her deep passion for making change. Michelle Perro hasn't looked back since.

Dr Perro's book, [What's making our children sick?](#), co-authored with Vincanne Adams PhD in 2018, was prompted by her horror of the change in the landscape of children's health. It offers a "bird's eye view" of the effects of GMOs and associated pesticides on her patient's health and what then goes wrong. Michelle is also a co-founder and executive director of [GMO Science](#), a science-based website focusing on the relationships between genetic modification, environmental toxicants and health. You can also find her column, 'Pediatric Pearls', in the integrative journal, [The Townsend Letter](#).

Dr Perro's newest project is linked to the launch of a new website (www.drnichelleperro.com) expected in July 2021. The project will include a weekly zoom meeting aimed at empowering parents to take back the health of their children and community. Her intent is to reach more parents who need her support and vast expertise wherever they may be in the world. The new initiative will be a membership programme with barriers to access removed for the financially challenged.



"If I could use any meme for how children are today, I would say that sick is the new normal. And sick has become so commonplace that diseases that are indeed diseases have become normalised, such as chronic asthma, allergies, gut issues, neurologic issues - ADHD to autism spectrum disorders. And there are many others, obesity, metabolic disturbances and every other disorder is becoming normalised because they are so commonplace."-

Dr Michelle Perro

Science today is very good at looking at individual factors that may be contributing to children's health issues, but they don't look at the combined miasma of chemicals and radiation to which kids are now exposed. Every disorder mentioned has increased in recent decades and many are now at epidemic proportions. Have you noticed the difference between the kids of the '60s and '70s and those of today? They just don't look the same anymore on the outside - and that's before you start looking at what might be happening within their bodies.

One of the few good things one might be able to say about the pandemic is that flawed science has been widely on display. Once people become more aware of this, it's not inconceivable that the current, almost ubiquitous, blind worship of science, regardless of its quality, the extent to which data have been massaged, or its biases, might become a thing of the past.

Genetic engineering, gain of function & the V

"I have been concerned about genetic engineering from many perspectives. In terms of microbes, in terms of gain of function... We've been experimenting with microbes and making them more harmful for decades... We've done some pretty good damage... Trying to make organisms more lethal for warfare.

I don't mind sharing that I'm of the mindset that it's a genetically engineered organism. It doesn't act like a typical virus. It acts very uniquely. By the definition of what a vaccine is, these jabs are not vaccines. These are genetically produced compounds made with messenger RNA that then tells your DNA what to transcribe... Some of these medical interventions have been created using adenoviruses. Adenoviruses are common infections in kids... That they don't react with our own DNA is misguided."

- Dr Michelle Perro

Join us whilst Dr Perro shares a wealth of information in her very clear, 'shoot-from-the-hip', no messing style! Imagine what children's health would look like if all paediatricians were on a similar page?

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"When you look at the combination of environmental factors that children are exposed to and the tendency for denial by governments and industry that there's a serious problem with health..."

- Robert Verkerk PhD

Cause & effect

All of the body systems work and communicate together forming a complex network. Unlike mainstream medical practitioners, integrative medicine physicians look at the body as a whole organism. A soul encased in a body.

Mainstream medicine is outdated and no longer relevant to the dangers facing our children today. No-one is looking at environmental toxicity nor are they looking at multiple exposures. There are very few data on the 'toxic soup' - the mixture of chemicals and human-made radiation sources - in the scientific literature.

"Mainstream medicine is outdated and no longer relevant to the dangers facing our children today. I'd say the leading cause of children's demise right now is the alterations to the microbiota, the microbiome."

- Dr Michelle Perro

Censorship & marginalisation

Because we are a threat to the corporatocracies, it's created a neat way to package those who oppose its narrative and create doubt about the veracity of the message from anyone who dares to speak out. Creating fear and doubt in a person's mind is the start of when you bring them over to your way of thinking.

Dr Perro says in the interview, *"We as integrative medicine practitioners, particularly during this particular era in this last year, have been marginalised with our integrative tools. I think it's horrific how we've been marginalised to kind of promote a single-minded agenda and to discredit those of us that practice holistically. There has been a campaign to discredit and censor our group."*

She says medical education hasn't changed much in 40 years because of the ownership by Big Pharma. MDs have the least knowledge of holistic health.

Dr Perro makes a strong call for us to take back our power. The big corporatocracies are doing everything they can to remove local control of local communities. Every citizen can become an activist. Every citizen can become their own scientist. Every citizen can become their own legislator. We need to come together to form a stronger voice. There is power in positive thinking. You brain changes your gut, your gut changes your brain. When you think that way your health will change.

She adds, *"By keeping us separate, by keeping us masked, they're trying to stop us aligning... We have more power in groups and organising ourselves... We can do something!"*

"That's what we do at ANH. It's all about bottom up. It's all about empowerment. It's all about change."

- Robert Verkerk PhD

Informed consent, vax passports and blood clots: Easter interview with Rob Verkerk PhD

Date: 8 April 2021

Meleni Aldridge asks Rob Verkerk PhD about informed consent, vaccine passports, immune escape and selection pressure in Speaking Naturally interview

Content Sections

- [Informed consent](#)
- [Vaccine passports](#)
- [Blood clots and AstraZeneca vaccine](#)
- [Recapping immune escape and selection pressure](#)
- [Articles referred to in the interview:](#)

As it's Easter holiday week, we thought we'd put ANH's founder, Rob Verkerk PhD, in the hot seat to answer a few key questions stimulated by the last two "[Speaking Naturally](#)" guests. At ANH we've always been big advocates of informed consent, so it seemed a perfect kick off question as any nuance of informed consent for the current covid interventions appears to be 'coercively' absent

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<https://www.brighteon.com/abaf6afb-5de7-440b-a8eb-027524c60e57>

For those who prefer to listen check out the ANH podcast:

https://soundcloud.com/anhinternational/speaking-naturally-an-interview-with-rob-verkerk?utm_source=clipboard&utm_campaign=wtshare&utm_medium=widget&utm_content=https%253A%252F%252Fsoundcloud.com%252Fanhinternational%252Fspeaking-naturally-an-interview-wi

KEY POINTS

- ANH founder, Rob Verkerk PhD, sits in the *Speaking Naturally* hot seat to answer questions stimulated by previous guests, Dr Geert Vanden Bossche and Dr Knut Wittkowski

- On informed consent and the lack of transparency around diagnostic testing and vaccines there are many questions to be answered by governments
 - The withdrawal of citizens basic rights and privileges through the use of vaccine passports
 - How worried should people be about the issue of blood clots in relation to vaccination?
 - Listen to the podcast or watch video
-

Informed consent

Q: It's a year into the pandemic. Where are we at with informed consent?

Governments always said they wouldn't engage in coercion and one of the reasons for this is because coercion is very specifically excluded from any definition of informed consent. A citizen's (patient's) informed consent requires adequate information, the capacity to decide, and the absence of coercion. It also includes the right to informed refusal of tests and therapies that a person doesn't want. Informed consent is both built into medical codes of practice, as well as the legal systems of most countries, including the UK, EU countries, and the USA.

Moreover, informed consent applies as much to diagnostic testing as it does to any medical treatment, including vaccination — and the inherent risks. Yet researchers were concerned enough to publish in October last year their findings that the significant risk of covid-19 ADE (pathogen priming or antibody dependent enhancement) should have been more prominently and independently disclosed to vaccine trial subjects and for those being vaccinated thereafter. Patient comprehension is a critical part of meeting medical ethics standards, yet is being abused with respect to covid-19.

We should also take note of where we were going before COVID came along with regard to ideas like patient or person-centred care. It was very much about shared decision making between health professionals and the individual and the democratisation of health. Now, that's all been pretty much thrown to the wind with governments and politicians taking over the duties previously conferred on medics as supreme authorities in health.

The marketing campaigns accompanying vaccine roll out are also unparalleled. That means the media becomes another significant player in the creation of the medical narrative. Often controlling not only what is said, but also, through censorship, what isn't to be communicated. They not only falsely advertise one particular medical intervention - in this case vaccines - without giving adequate information about risks, benefits or alternatives, they also serve to encourage laypeople to coerce their family members, work associates and neighbours to receive the same treatment they've received. In effect, the vaccine promotional campaigns have served to delegate coercion to members of the public. Perhaps so governments can then argue they haven't abused their powers with regard to informed consent and coerced citizens directly?

[Questions are finally being asked](#) whether governments, the British government in particular, have achieved the removal of so many rights and freedoms through the unethical use of covert psychological strategies (referred to as 'nudges') in the public messaging campaigns. Few people are aware of the work of the Behavioural Insights Team (BIT), conceived in 2010 as the world's first governmental institution dedicated to the application of behavioural science to policy. Basically, sanitised and sanctioned methods of mass emotional and psychological manipulation. You won't be surprised to find that several members of BIT sit on the Scientific Pandemic Insights Group on Behaviours, a subgroup of SAGE, that advises the government about 'how to maximise the impact' of its covid-19 communications. This is the reason for all the fear and guilt messaging the public have been bombarded with for the last 12 months. It's all been [about control and creating a compliant population](#) that doesn't object to loss and restrictions, not health. Having started as a 7-person team at the heart of the British Government, BIT - also known as The Nudge Unit - is now a ['global social purpose company'](#) with offices around the world. Their work spanned 31 countries in the last year alone. No doubt 31 countries with 'successful' and harmonised pandemic policies.

Vaccine passports

That argument for informed consent and the right to refusal falls apart when you then deny rights or withdraw normal privileges from those who've not been vaccinated. This is where the very notion of vaccine passports or COVID status certification opens a Pandora's box in this area. That's one of the reasons why the World Health Organisation (WHO) continues to [oppose vaccine passports](#), yet hedges its bets by then backing vaccine certificates as a way of providing health records for the vaccinated. They then don't have to be accused of being discriminatory towards those who are unable to access vaccines in less industrialised countries. Sounds like a political play on words to us.

In the UK there is [growing and robust opposition](#) to the introduction of any covid certification system. Two public consultations on the subject down, and one still open till 3rd May, yet the Government seems hellbent on ploughing on regardless. US citizens can take some heart from White House Press Secretary, [Jen Psaki's statement](#) on Tuesday 6th April, that the US won't support a federal certification system of virus status. The US State system allows for more independent governing, allowing the Florida State Governor Ron DeSantis to [ban the use of vaccine passports](#) along with a [host of other states](#).

Many EU countries feel differently. In fact, the [digital green certificate](#) that is being pushed hard by President of the European Commission, [Ursula von der Leyen](#), has been developed collaboratively with the WHO. More revolving doors. [Resolution 2361 \(2021\) the Council of Europe](#) - although non-binding in law - advocates that any approach to vaccination should neither be mandatory or non-discriminatory. Vaccine passports will discriminate against the unvaccinated if they are used to determine rights or access to venues, airports or even workplaces.

Blood clots and AstraZeneca vaccine

Q: What going on with blood clots and the AZ vaccine?

The whole discussion around vaccines triggering blood clots is based on comparing the numbers found in populations in the pre-covid era compared with those exposed to

vaccines. Interestingly, it's just one of the vaccines that's been heavily under the spotlight, that of Oxford/AstraZeneca. Initially, it was a handful of cases and it didn't seem as if these cases were more severe compared with background levels. But attention has been focused on a very specific kind of blood clot affecting the brain known as a thrombocytopenia. It was the Paul Erlich Institute in Germany that first identified a clear autoimmune reaction that caused a massive reaction in the platelets within our blood — the tiny blood cells that are responsible for forming clots. These reactions were found to occur between 4 - 20 days after vaccination and they were very similar to the reaction induced rarely by the drug, heparin, the autoimmune reaction to which is called heparin-induced thrombocytopenia, that causes blood clots in the brain.

We're entirely [donation](#) funded. Your support allows us to continue our work

It's now very clear that it's primarily women under 55 who are affected by the vaccine-induced thrombocytopenia, the rate varying depending on country between 1 in 125,000, to 1 in 1 million, of the Oxford/AstraZeneca population depending on country and population group.

As we and others have suggested for some time, the 2- or 3-months-worth of phase 3 trial data that were used to grant emergency authorisation for the vaccines were not sufficient to detect any autoimmune diseases. Dr Yehuda Shoenfeld, often referred to as the father of autoimmunity, [raised the red flag](#) earlier than many others, yet his concerns were largely discounted.

The condition that is lethal in some individuals, notably younger women, has now got its own name. It is called [vaccine-induced prothrombotic immune thrombocytopenia or VIPIT](#) for short.

It remains unclear exactly what the trigger is for this reaction; for example, how much is caused by the delivery system for the vaccine or its antigen. The positive side of it remains its rarity, however, we have to await further data and see more time elapsed before anyone is in a position to judge the importance, not only of this, but also [the induction of other autoimmune conditions](#).

Recapping immune escape and selection pressure

Q: It's a few weeks on from Dr Vanden Bossche's proclamation regarding what he called immune escape? There's been a lot of discussion - and a lot of criticism - where are we now in understanding the complexities of this host-pathogen interaction?

During the interview we revisited these two topics that have been brought into sharp relief by the recent revelations from whistleblower, Dr Geert Vanden Bossche — immune escape and selection pressure. Rather than write more here, you will find a further explanation of these issues in relation to an over-reliance on vaccination in Rob Verkerk's [new article entitled, "Why we need more eggs in the covid basket"](#).

Articles referred to in the interview:

[ANH-Intl Feature: Are we lighting the fuse of an autoimmune time bomb?](#)

[Speaking Naturally with Dr Geert Vanden Bossche](#) (interview)

[Vanden Bossche, vaccines and variants – where are we now?](#)

[Build your immune resilience - as nature intended](#)

[Immune resilience - adapt, don't fight!](#)

[Upgrade your Immunity](#) (chart)

The Indian surge: drivers, fearmongers and deniers

Date: 28 April 2021



Getting under the covers of the latest concerns from India

Content Sections

- [● Could mutations be the culprits driving India's rise in cases?](#)
- [● What does this mean for the rest of the world?](#)
- [● India's vaccines](#)
- [● Vaccine breakthrough and immune escape: hypothesis, concern or reality?](#)
- [● Find out more](#)

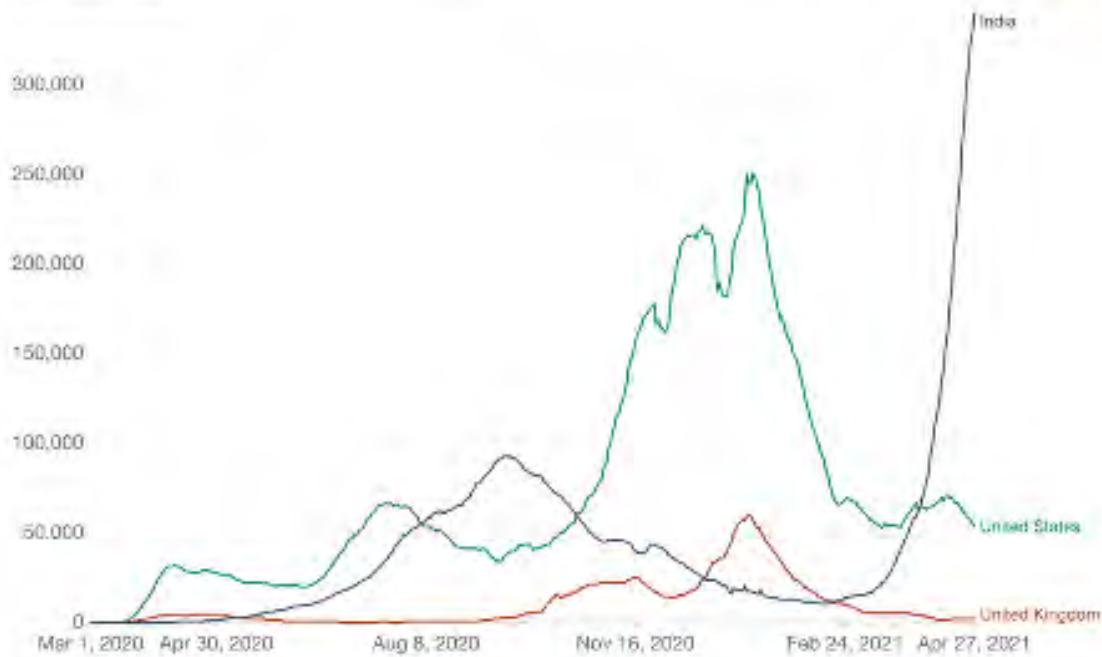
A second wave of covid 'cases', hospitalisations and deaths in India is making international news (see [here](#), and [here](#)). The apparent vigour of the surge, that includes over 300,000 daily cases and over 3,000 daily deaths over each of the last 3 days (according to [Worldometer data](#)), appears to have caught the Indian government, local authorities and the hospital system off-guard. This may in part be because of [evidence dating back to September 2020](#), which suggested immunity from naturally-acquired infection would likely [prevent or blunt any major resurgence](#).

The cause of the unexpected surge of infections has [hit the populous state of Maharashtra including Mumbai, as well as the capital city Delhi, hardest](#). Various theories have been suggested, such as mass gatherings linked to the celebration of the Hindu [Kumbh Mela pilgrimage and festival and political rallies](#). A more likely culprit might be [emerging variants](#) that are both more transmissible and potentially more harmful to those infected.

A.

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



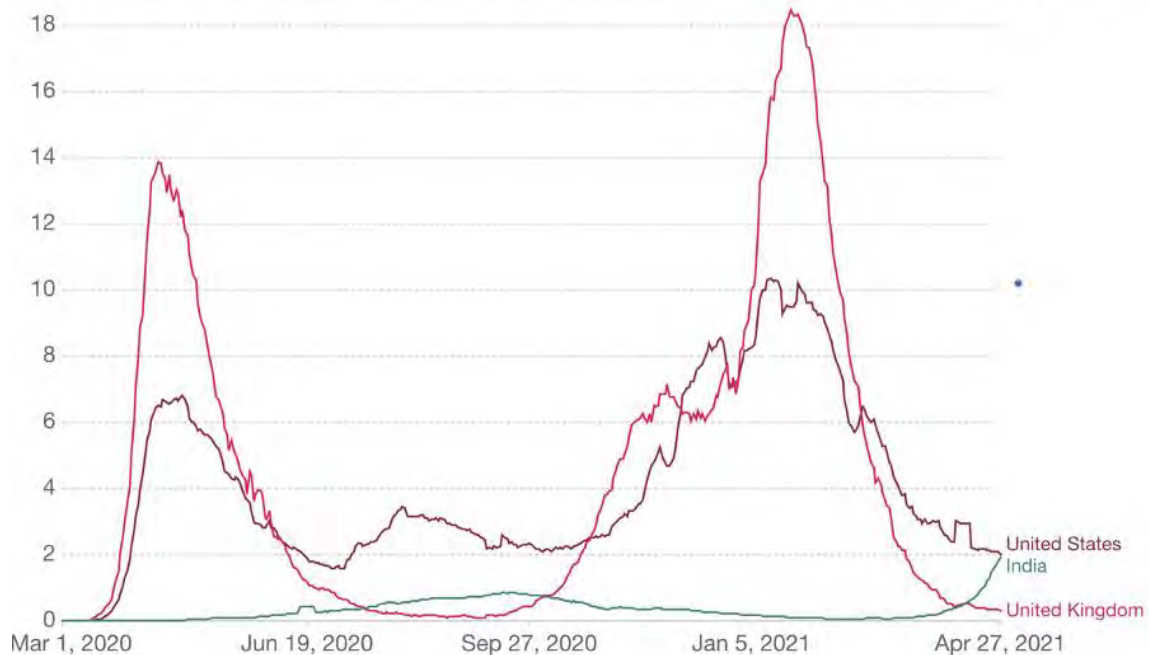
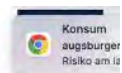
Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

B.

Daily new confirmed COVID-19 deaths per million people

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

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Figure 1. Daily cases (A) and daily deaths (B) reported in India, the USA and the UK as of April 27, 2021, via [Our World in Data](https://ourworldindata.org).

While there are breaking reports of [hospitals being overrun, people being turned away](#), and an [explosion of patients requiring oxygen support and critical care](#) in Delhi, Mumbai and other major centres, it remains to be seen if the death rate will rise in line with reported cases (see Fig 1A for comparison with reported case rates in the UK and USA). The current claimed Indian daily case and mortality rates are among the highest ever recorded in any country during the pandemic. It is also unclear if the mortality rates will exceed those experienced in the second waves in other parts of the world, such as the UK and USA (see Fig 1B).

These disturbing figures aside, there are question marks over the reliability of the data emerging from India – with [some suggesting](#) the death toll may already be much greater than the official figures (Fig 1B above).

Could mutations be the culprits driving India's rise in cases?

[First identified in India](#), the SARS-CoV-2 lineage B.1.617, often referred to as a '[double mutant](#)' strain, may be a significant player in the upsurge in covid-19 infections in India. Its parent lineage, B.1, has been designated [a variant of concern](#) by the World Health Organization, while B.1.617 has been labelled a 'variant of interest' by the [PANGO Lineage Mutation Tracker](#). The variant has since [been reported in 21 countries](#) (see Fig 2).

The mutation is [described](#) as having arisen as a result of [convergent evolution](#). The variant is currently [under investigation](#) by Public Health England to determine if it should be classified as a variant of concern.



Figure 2. Transmission of the Indian B.1.617 variant between February 1 and April 25, 2021, as shown by phylodynamic mapping on [GISADID](#).

The original B.1.617 variant has 13 mutations. It has been referred to as a 'double' mutant due to the common inclusion of two important spike protein mutations, the familiar immune escape 'eek' mutation E484Q, and L452R. A third mutation of concern is P681R. These

mutations in the spike protein have been associated with other variants (such as those identified in South Africa and Brazil) and are linked to increased transmissibility and the ability to escape immunity conferred by vaccination or prior infection.

Three descendant lineages — called B.1.617.1, B.1.617.2 and B.1.617.3 — with slightly different mutations have now also been detected. Due to the mutations, it is thought these [variants may be more infectious and transmissible](#), but there are limited data currently available to properly assess this. There are also concerns some of these sub-lineages of B.1.617 may be able to evade natural or vaccine induced immunity.

The scientific jury is still out as to whether B.1.617 is the most likely trigger for the surge. But the [GISAID database](#) shows that 65% of SARS-CoV-2 samples sequenced in the last 4 weeks were of the B.1.617 lineage. That compares with just 1.7% in the UK. The figures are however much higher in some other countries, such as 51.2% in Bahrain and 29.2% in Singapore.

Critical to determining the significance of the B.1.617 variant will be how things pan out in these other countries.

Not all experts are concerned. Peter English, for example, a retired consultant in communicable disease control based in the UK [commented in an article by the Financial Times](#), “As only about 10 per cent of India’s population has been vaccinated, the variants are not yet under strong pressure from vaccine immunity so there is no great pressure for vaccine escape mutants to arise”. The reality, of course, is immune escape variants are already present and it seems likely that if broader based, naturally-acquired immunity is unable to hold back the surge, highly specific vaccine-based immunity will be less effective.

What does this mean for the rest of the world?

Short answer: it’s too early to tell. As most of Europe and North America has seen a steep decline in cases, India is going the other way. The B.1.617 lineage is already ‘out of the bag’ now that it has been reported in 21 countries. This means it will be the fate of infections, hospitalisations and deaths in these 21 countries, as well as in India, that will determine how people will be affected and how governments will react.

India [plans to ramp up the vaccination rate](#) of its own people by diverting supplies from the world’s largest vaccine maker, the Serum Institute of India, which is currently making a version of the Oxford/AstraZeneca vaccine. There is [anecdotal evidence from doctors in India](#) suggesting that people who are already vaccinated are getting sick, suggesting vaccine breakthrough may be a problem – not only in India, but in other countries where the variant is already present.

>>> [Covid-19 dashboard for India](#)

As we have [proposed before](#), it is unwise to place so much emphasis on one strategy: vaccines, when the spike protein, the primary site of mutations of concern, also provides the molecular basis for the antigen in the vaccines.

India’s vaccines

India is currently using [two covid vaccines](#): Covishield (a version of the Oxford/AstraZeneca vaccine made by the Serum Institute of India), which was not tested in India prior to its approval, and the home-grown inactivated virus-based Covaxin (BBC152) in which the Phase 3 trial [doesn't complete until December 2022](#).

Vaccine breakthrough and immune escape: hypothesis, concern or reality?

In a recent press briefing, the Director General of the [Indian Council of Medical Research](#) (ICMR), Prof Balram Bhargava, [reported](#) two to four people per 100,000 have tested positive for covid-19 following vaccination.

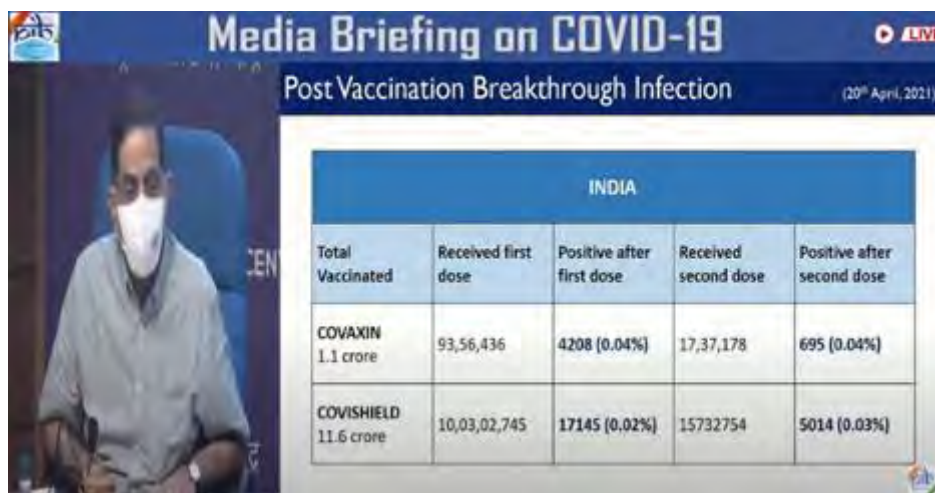


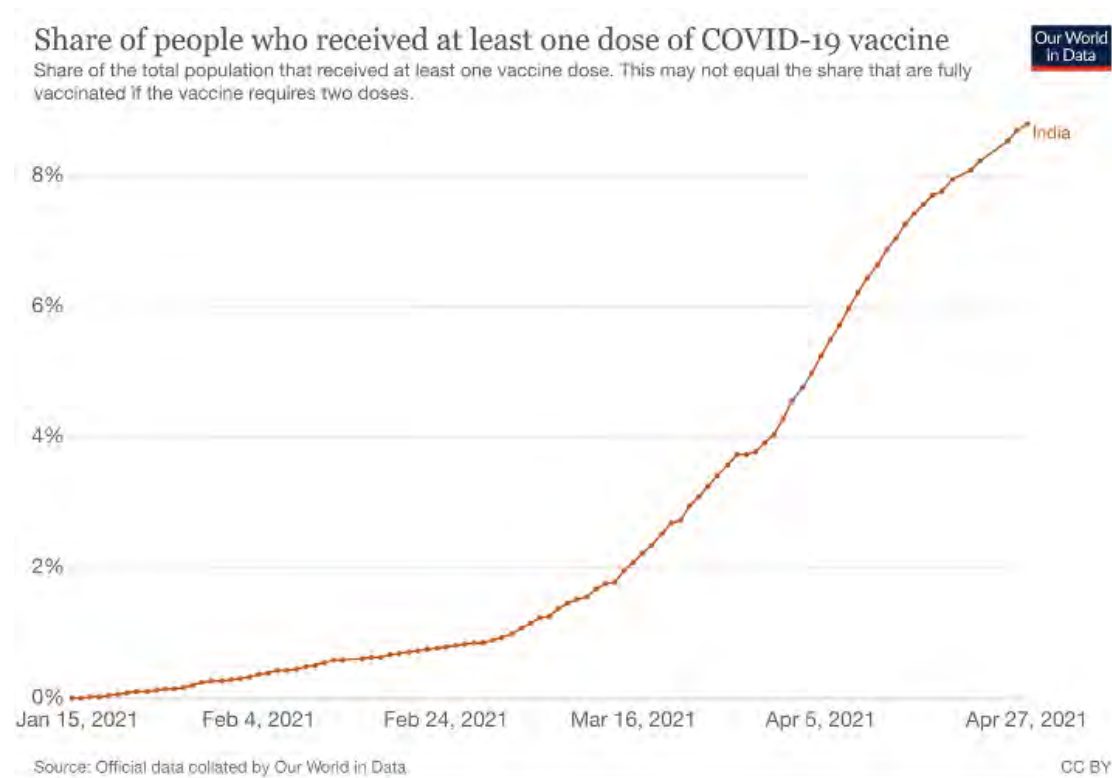
Figure 3. Director General of the Indian Council of medical Research (ICMR) showing rates of breakthrough infections recorded so far in India in [Media Briefing, April 21, 2021](#).

However, [it is also reported](#) that the data the government has relied on to come to this conclusion are incomplete. Prof Bhargava's comments come following the [publication of a preprint study](#) from a team of ICMR researchers suggesting infections among the vaccinated in India tend to be milder than among the unvaccinated.

India's surge is inevitably puzzling to scientists, given the surge appears to be particularly abrupt and is unique to India – and didn't take off until recently, well after the new variant B.1.617 was first discovered last October. Is there a new variant of the B.1.617 lineage that has yet to be identified as being even more transmissible or virulent? Does India's population have a unique susceptibility to this variant which has particularly potent immune escape potential? There are inevitably more questions that can be asked than answers given at this stage.

Of some interest is that India's recent surge in infections has accompanied a significant increase in both vaccination and testing (Fig. 4), but it should be noted that while these factors are associated there is not yet any evidence that they may be causal.

A.



B.

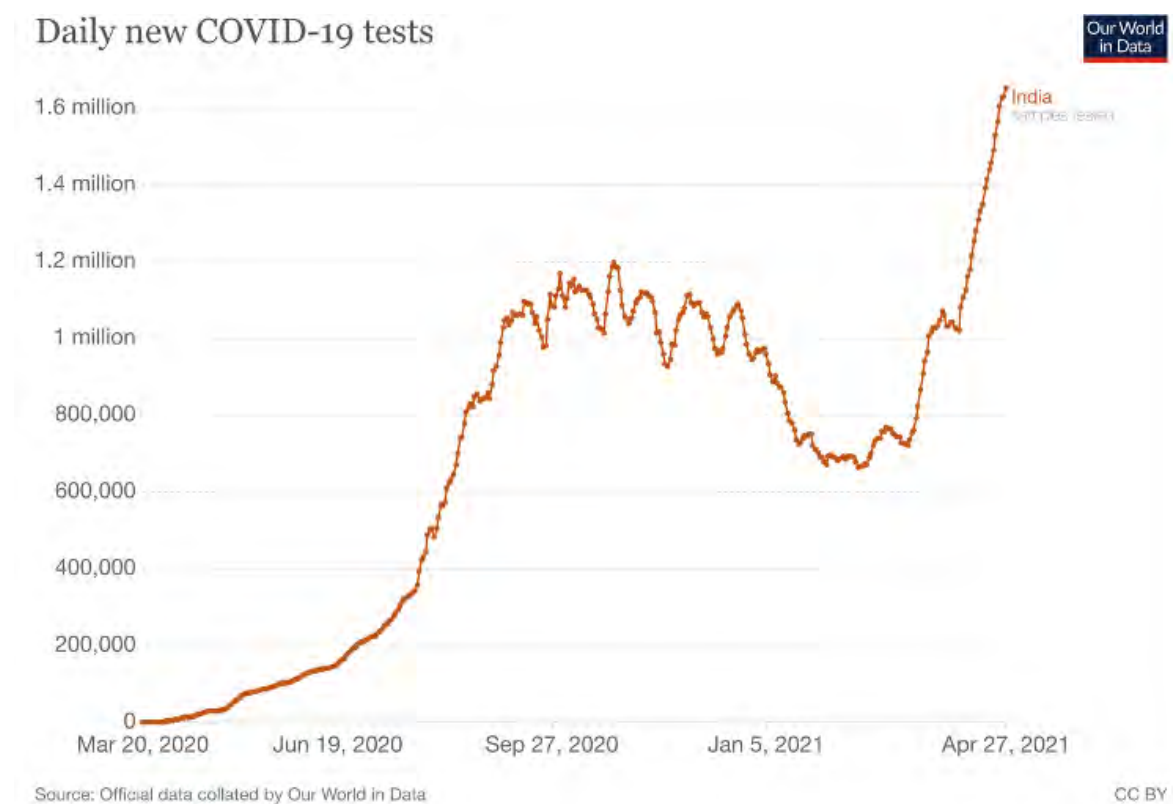


Figure 4. Covid vaccination (A) and testing (B) in India, as reported by [World in Data](https://ourworldindata.org).

Guest article: QUAT are we doing to our children's health?

Date: 5 May 2021

One mother's warning to parents of the harm chemicals used to 'kill covid' in nurseries and other childcare settings pose to their children

Content Sections

- [●QUAT are we doing to our children's health?](#)
- [●A mysterious rash](#)
- [●A plethora of products](#)
- [●Harmful to health](#)
- [●No questions asked](#)
- [●A safe alternative](#)

In the face of the pandemic, people's and institutions' obsession with cleanliness and a perceived need to sterilise all surfaces that may be contacted by others has risen to dizzying new heights. Little thought has been given to the harms wrought by the chemicals being used in ever increasing quantities. Particularly around small children's delicate, semi-permeable skin. Nor have educational institutions considered the [implications of the hygiene hypothesis](#): where the immune systems and microbiome of children might not face the typical challenges from other microorganisms required to build immune resilience.

From hotels to nurseries and beyond, the pandemic has seen the greatly increased use of highly toxic chemicals such as [quaternary ammonium compounds](#), that have ironically been deemed safe for use around children, with little consideration of what risks this expanded use-pattern might pose to the most vulnerable.

Like many mothers in the UK, Aimee Constant works full time. In order to do this, her two and a half-year-old son goes to nursery part time. Last month, her son's nursery notified her that he was suffering from an allergic style rash all over his body. Aimee is convinced that quaternary ammonium products or QUATS are the cause. She agreed to share her story to alert other parents to the dangers of the chemicals being used around young children, sometimes with horrific results.

Substance identity	Hazard classification & labelling
EC / List no.: 264-120-7	
CAS no.: 63393-96-4	<p><i>Danger!</i> According to the classification provided by companies to ECHA in REACH registrations this substance is toxic if swallowed, causes severe skin burns and eye damage, is very toxic to aquatic life, is very toxic to aquatic life with long lasting effects, may damage fertility or the unborn child, causes serious eye damage, may cause damage to organs through prolonged or repeated exposure and is suspected of damaging fertility or the unborn child.</p>
Mol. formula: (CH ₂) ₇₋₉ (CH ₂) ₇₋₉ (CH ₂) ₇₋₉ C ₇ H ₁₈ CIN  <p>representative structure</p>	<p>At least one company has indicated that the substance classification is affected by impurities or additives.</p>

European Chemicals Agency [entry for Quaternary ammonium compounds](#), tri-C8-10-alkylmethyl, chlorides

Aimee's story also has - surprisingly given the current climate - a happy ending and shows what one person can do with a good dose of, not QUATS, but determination and persistence.

Over to Aimee.

QUAT are we doing to our children's health?

By Aimee Constant, concerned parent.

Written exclusively for the Alliance for Natural Health International.

"I stressed that in their attempt to 'kill covid', they are actually coating every surface in chemicals which are evidenced to be harmful to human health and thus, to be blunt, are poisoning the staff and children."



— *Aimee Constant, concerned parent and change maker*

A mysterious rash

The rash occurred two days in a row, but my little boy seemed fine at home and over the weekend. Having seen the photos the nursery sent me, my intuition sensed it was due to some chemical exposure in the nursery, so I emailed the manager and requested

the '[Control of Substances Hazardous to Health](#)' or [COSHH sheets](#) for all the cleaning products used in the nursery. I also asked for the details about which items/surfaces the products were used on, their frequency of use and whether residues were cleaned off with plain water after application.



The nursery manager sent me the information I requested and sought to reassure me that all the products met the required British Safety Standards for an 'early years' setting. Thus, in her view, the products were safe and suitable to use as part of a protocol that “kills covid”.

A plethora of products

The two products being used had the following brand names:

- Super Professional Antiviral Disinfectant
- Sursol Disinfectant, and
- Gompels Anti-Bacterial Spray.

The Super Professional Antiviral Disinfectant's active ingredient is **DIMETHYLBENZYL AMMONIUM CHLORIDE**, while the Sursol disinfectant's active ingredient is **QUATERNARY AMMONIUM COMPOUNDS, BENZYL-C8-18-ALKYLDIMETHYL, CHLORIDES**.

The COSHH sheet for Gompels Anti-Bacterial Spray was more obtuse. It stated: 'ingredient not required to be listed'. I contacted the supplier of this anti-bacterial spray with its mystery ingredient. They were initially reluctant to seek out the information, saying that if it was not required to be listed that was because the ingredient is classed as being so very safe that it does not have to be stated by law (*Ed: It clearly didn't strike them this law obviously doesn't apply to cosmetics or foods, however safe they might be*).

I pressured them to contact the manufacturer and find out more, and they subsequently complied. The active ingredient for this anti-bacterial spray (used repeatedly on the childrens' tables before and after they eat and not wiped off) was **Benzalkonium chloride**.

Looking up [benzalkonium chloride on the European Chemicals Agency website](#) didn't make me feel any better. Having heard that it was too safe to even be listed, it was something of a surprise to read the ECA's view, as follows:

"Danger! According to the classification provided by companies to ECHA in CLP notifications this substance is fatal if inhaled, is toxic if swallowed, causes severe skin burns and eye damage, is toxic in contact with skin, is very toxic to aquatic life, is very toxic to aquatic life with long lasting effects and causes serious eye damage."

These various products were being used not only several times a day to wipe every surface and door handles, and to wipe down the children's tables before and after they eat, but also once a week to 'fog' the air in the nursery so that the chemical lands on all surfaces. The nursery manager confirmed no chemical residues were being cleaned off after application as that was too labour intensive. The manager also confirmed toys were being wiped with Milton, which is a chlorine-based bleaching fluid.

Harmful to health

I went on to do some more research on the three chemicals highlighted above and found all three belong to a group of chemical compounds called [quaternary ammonium compounds](#) (QACs or QUATs), which are highly toxic. Currently these products 'meet [British safety standards](#)' with the standards the nursery were looking for, being BS EN 14476, BS EN 1276 & BS EN 13697 (anti-viral, anti-fungal and anti-bacterial). But did these standards ever take into account and envisage the current use-pattern around young children? Surely they didn't have a crystal ball when they drew up the standards?

I found from the European Chemicals Agency that quaternary ammonium products are classified as toxic and hazardous. Chemical risk assessors have identified [two specific properties of concern](#):

1. Toxic to Reproduction, and
2. Persistent, Bioaccumulative and Toxic

Both of these are a huge concern given the greatly elevated application rates of QUATS around children since the pandemic began.

I found it deeply disturbing that these QUAT compounds can be used so indiscriminately when there're clear, and very real concerns to human health and the environment, regardless of the agreed safety standards for schools. I found [numerous academic studies](#) showing alarming effects on human health. I pulled together my research and sent a list of health concerns and references to journal articles and other public health links to the nursery manager.

By the time I had researched the active ingredients in the cleaning products, I felt sure this was bad news for my child and the other babies and children at the nursery.

I was very concerned about the information I uncovered and consider their use to be sustained exposure to poisons, regardless of the fact that these products 'meet British

safety standards'. There is substantial scientific evidence easily accessed online showing these chemicals are unsafe.

I highlighted the following points to the manager in a lengthy email and subsequent phone call.

- These chemicals have never been tested on babies and infants
- These chemicals have never been tested on babies and young infants repeatedly, reflecting the extent to which the children and staff are in reality exposed to them in this environment
- No safety studies exist at all to explore the impact of using combinations of these chemical products together
- I stressed that in their attempt to 'kill covid', they are actually coating every surface in chemicals which are evidenced to be harmful to human health and thus to be blunt, are poisoning the staff and children. They may not be immediately sick and vomiting but they will be building up these chemicals in their little systems with the potential to cause long term subtle and gross health effects as discussed in the [studies I highlight](#) including infertility and ironically, respiratory illnesses, to name just two
- The children will be absorbing these chemicals through their skin, eyes, noses, mouths, they will undoubtedly be ingesting these chemicals as they put things in their mouths and eat off tables which have been disinfected with them as well as breathing them in from the air. This will also be harming the staff in terms of allergies, disruption to the microbiome (which is core to our immune function) and reproductive system (especially a concern for younger women)
- The cure cannot be worse than the harm we seek to address.

No questions asked

The issue here is that people may not have had cause to explore the many ways in which humans are poisoned in their daily lives and think nothing of using products like this. If the product meets the required safety standards, then they will think nothing more about purchasing them and employing a regime of applying them to every surface including fogging the air.

Many things are approved by regulatory bodies, yet we need to intelligently evaluate whether the use for which a chemical was approved makes it safe if it's then applied in a different use. We know for example that MacDonald's is considered a safe food by authorities that's why you find outlets dotted all over our landscape. But we also know MacDonald's is not a nutritious or safe food for children, especially when consumed repeatedly.

We can buy alcohol and drink as much as we like, but too much, too often, we know will absolutely do us harm. Coca Cola is technically permitted to be sold as a drink, yet we would not give this to our small babies and children. We can still purchase hundreds of toiletries which contain [SLS and paraben chemicals](#) that are known to cause cancer, but they're currently deemed 'safe' via safety standards. That approval, not their safety, or lack thereof, makes them more or less ubiquitous in our homes. We can continue to buy deodorants containing aluminium and spray them into our lymph nodes if we wish, but in the

process we might increase our risk of breast cancer. Or we can select a healthier product if we're prepared to pay a few pennies more.

Years ago, [DDT](#) was sprayed onto children in playgrounds, school swimming pools and onto beaches to prevent mosquitoes. We later learned this was one of the most insidious, damaging and persistent chemicals made by humans leading to increased cancer risk to several generations and long-term damage to wildlife. The list goes on.

A safe alternative

In this case, thankfully, I have a friend who is a biologist who previously worked in biotech. He was able to assist me in researching these chemicals and finding a safe alternative. He found that a solution called [Hypochlorous acid](#) (HCOL), made of just water and salt is a much safer alternative, it doesn't have any of the known health risks identified with the QUAT chemicals and meets all the required safety standards for early years settings.

Just as important, it is also effective at [combatting the SARS-CoV-2 virus](#). I searched online for companies selling these products and there are plenty. It's a cheaper product and often made to order by small independent companies. Furthermore, it activates in 60 seconds (something they require by local authority) and it works in a fogging machine so meets the nursery manager's need to fog the air and surfaces once a week.

Personally, I do not agree with the concept of sterile = good. We need bacteria and viruses to build up a diverse microbiome inside our bodies and on our skin. I am not happy about my son being in a totally sanitised environment, I think it will weaken him long term. However, I knew I was not going to win an argument about germ theory vs terrain theory during the current climate and I cannot afford to quit my job and be at home with my boy, so I focused on helping the manager to see the information, assess risk vs benefits and find a supplier she could order the HCOL from.

Thankfully, my plea and logic was listened to, heard and acted upon. The nursery now has the new product in place for all cleaning protocols in the nursery. I am so relieved the rash happened as it alerted me to this issue. I am also grateful to my friend who told me about HCOL. I would like to share this information with others as these harmful QUAT chemicals will no doubt be being used in many nurseries and schools all over the country.

[Find out more](#) about campaigning against QUATS from [People Against Quats](#) in the USA

Big Tech censorship demands work-arounds

Date: 5 May 2021

The Truth over Fear Summit joins long list of cancel culture casualties - but not for long!

Content Sections

- [Fear in the face of truth?](#)
- [Other well-known free-speech casualties are:](#)
- [Being David to the Goliath](#)

By Meleni Aldridge, executive coordinator

It was a holiday weekend here in the UK last weekend and I was looking forward to some much-needed quiet time, albeit large parts were to be in front of a computer screen. Not ideal, but I was looking forward to *Patrick Coffin's Truth over Fear: Covid-19 and The Great Reset Summit*. The speaker line-up was (and still is) impressive, many of whom we know and hold in high regard. You were due to read my coverage in this newsletter, but 'cancel culture' prevailed.

I settled in on Friday evening and managed to get through the opening by Archbishop Carlo Mario Viganò (a revelation in itself!), 3 impressive presentations and a live Q&A with [Dr Tess Lawrie](#) only to find my evening curtailed abruptly. The summit had been summarily deplatformed by host [Kartra](#) without notification or prior warning to the Truth over Fear team. All 50,000 + viewers were instantly locked out and the summit pages gone as if they were never there.

I, like many others I'm sure, couldn't quite believe it, although the content was dynamite and it had crossed my mind earlier that I'd hoped they were on a very secure platform. Turns out they weren't. At the time I fired off two messages; to the Truth over Fear team and Kartra support just to check it wasn't my system. I had an almost instant response back from the summit team who were also in shock and clearly dealing with the fall out. They did share that they'd had no warning and no one at Kartra was available to communicate with them.

Similar cowardly tactics to Vimeo who have erased our entire [Speaking Naturally series of videos](#) carefully designed to elicit discourse from censored or marginalised experts, labelled by non-scientist, tech administrators as guilty of the spread of misinformation that poses a risk of public danger. The fact that we were interviewing eminent scientists made no difference, but Vimeo too were unable to correspond any further on the matter. Case closed. Videos erased with no representation. We've had a Vimeo account for well over a decade.

Here is what we received from Vimeo after chasing for a response (note the support email address):

[Vimeo Support] Re: We've uploaded 2 videos in the last 14 d

Support <trustandsafety@vimeo.com>

To: Alliance for Natural Health Intl

warded this message on 07/04/2021, 08:12.



Sandesh S (Vimeo Trust & Safety)

Aug 6, 2021, 6:54 PM EDT

Hi there,

Vimeo is committed to combating the spread of material that may misinform the public about the ongoing novel coronavirus/COVID-19 outbreak. Due to content volume and the risk of public danger, we need to act quickly and will not be able to reconsider removal decisions at present.

Currently, we are removing content that:

- Claims that the virus is a hoax or promotes various other conspiracy theories around the virus

This list is not exhaustive and we reserve the right to remove any coronavirus-related content that we believe is exploitative or harmful in order to protect the safety of our community.

We ask that you refrain from posting any similar content moving forward. Failure to comply may result in the termination of your account.

Unfortunately, we aren't able to correspond further about this matter. We hope you understand.

I'm also publishing the Kartra response, because I think the language has a similar refrain with the same finality and no right of reply. Just that same authoritarian, unjustified strike of censorship we're seeing from so many of the major tech and social media providers. Kartra implore you to dream big, but clearly Patrick Coffin's event was too big a dream.

REPLY ABOVE THIS LINE

Hi Meleni,

Thank you so much for reaching out to us here at Kartra Support! We're so sorry for the inconvenience but this site and membership is no longer available through our Kartra platform.

We know that this can be frustrating and we really appreciate your understanding of this situation. We respect our paid users right to amazing deliverability of their emails to their customers through our platform.

In order to protect our email deliverability rates and IP status, we must be hyper-vigilant about any violating content detailed in our terms. Kartra is not able to absorb the risk related to the content that this site poses to our overall deliverability rankings and anything related to this is not able to utilize Kartra in any capacity at this time.

Thank you so much for your understanding!



Becky
Billing Support Manager

"If your dream only includes you, it's too small." — Ava DuVernay

Fear in the face of truth?

The Truth over Fear summit hasn't been the only cancel culture casualty this week. Dr Joseph Mercola, founder and visionary health freedom fighter of the giant that is Mercola.com, [told the world yesterday](#) that he has been forced to remove huge swathes of covid-related vitamin information from his site due to intensified personal threats. You heard it right: vitamins. Having stood strong for so long in the face of unprecedented levels of well-organised attacks, cyber as well as defamatory libel and slander, clearly the threats have come too close to home and enough is enough. As Mercola writes, "So, it's not misinformation they're afraid of. They're afraid of the truth getting out", and clearly ready to go to any lengths necessary to snuff out the opposition.

"Through these progressively increasing stringent measures, I have refused to succumb to these governmental and pharmaceutical thugs and their relentless attacks. I have been confident and willing to defend myself in the court of law, as I've had everything reviewed by some of the best attorneys in the country. Unfortunately, threats have now become very personal and have intensified to the point I can no longer preserve much of the information and research I've provided to you thus far. These threats are not legal in nature, and I have limited ability to defend myself against them. If you can imagine what billionaires and their front groups are capable of, I can assure you they have been creative in deploying their assets to have this content removed." - Dr Joseph Mercola

Other well-known free-speech casualties are:

- The highly rated non-profit vaccine safety charity, the National Vaccine Information Center (NVIC), which has maintained a Facebook page since 2008 [has been deleted](#). The organisation is 39-years-old - almost twice the age of ANH. It's co-founder, Barbara Loe Fisher, has served as a member of the FDA's Vaccine and Related Biological Products Advisory Committee, amongst other similar positions for the Department of Health. Perhaps support by Mercola marked their card?

"We are not surprised that Mark Zuckerberg views the truthful information that NVIC publishes about vaccine science, policy and law as a threat to perpetuating false narratives about vaccine safety created by the pharmaceutical industry and its business partners. The U.S Congress has encouraged the creation of public-private business partnerships between vaccine manufacturers and federal agencies for the past three decades. In order to be part of those lucrative partnerships, Silicon Valley companies like Facebook are clearly happy to engage in censorship. If NVIC had not done such a good job educating the public about vaccination and health for four decades, our Facebook page would still be up."- Barbara Loe Fisher, NVIC Co-Founder

- Robert Kennedy's Instagram account has [now been deleted](#) and no doubt his Facebook and Twitter accounts will be next. No surprise there, Kennedy ranks second on the ['Disinformation Dozen'](#) and is a top priority on the hit list.
- Harvard professor and epidemiologist, Dr Martin Kulldorff, has also [been silenced on Twitter](#) for daring to air views contrary to Big Tech's biases (lockdown and the shot) challenging whether children and young people need to be jabbed. Yet Kulldorff is not some random conspiracy theorist, he sits on a vaccine subgroup that advises government bodies, works at the Brigham Women's Hospital and has been cited in more than [25,000 academic articles](#). He's also one of the authors of [The Great Barrington Declaration](#), which has put him squarely on the hit list.
- Organisation, [Reclaim The Net](#), have had [access to a document in their private Google Docs folder blocked](#) which, if correct, is really quite creepy. Talk about Big Brother is watching — and reading... The document in question was a compilation of 106 pages of screenshots of mainstream media reports about people's alleged negative side effects after having the shot. The document is entitled, 'Informed Consent Matters' and you can download it now [here](#).
- Having been permanently banned by YouTube (like Patrick Coffin when he aired the Truth over Fear Summit information), Life Site News has now had its [Facebook page permanently removed too](#). It seems that Vimeo and Facebook may be reading from the same rule book as Life Site News were accused of publishing "...*false information about COVID-19 that could contribute to physical harm*".

Being David to the Goliath

No one likes a bully. One of our earliest childhood lessons is never to give in to bullies as they're actually the weaker ones or they wouldn't be resorting to such tactics. We seem to be facing a war of attrition that's [getting dirtier by the week](#), involving sabotage and some

very dishonourable tactics, that in Dr Mercola's case, clearly make censorship the light option.

Now more than ever, we must continue to stand as a united front, committed for the long haul and ready to step in and shore up the line when one of our friends has to step off the frontlines. It's always darkest before the dawn. We're not matched evenly in this contest, but neither were David and Goliath, and we all know how that turned out. What we do have in abundance is passion, strategy, skill and patience, but also empathy, compassion, trust and the ability to maintain an open heart. Priceless, and so much more powerful than they give us credit for.

All this censorship is the single most persuasive reason for us transitioning - as of today - to a membership organisation. We'd welcome your membership that will cost you around the cost of a cup of a coffee or herb tea a month.

Global opposition to vaccine programme grows

Date: 13 May 2021

Medical professionals and scientists around the world are calling for the covid vaccine programme to be halted

Content Sections

- [Spike protein alone can harm](#)
- [Scientists and doctors speak out](#)

Want the chance to win a million dollars? All you need to do is live in Ohio and [get vaccinated](#). So desperate are authorities to drive people to get a covid vaccine, as many Americans fail to go for their second shot or are rejecting vaccination full stop, authorities are not only using coercion tactics but are now resorting to outright bribery.

In New York you can get tickets to [American football games](#) if you get vaccinated at the stadium. Alongside this comes the launch of the [Vaccine Demand Observatory](#) designed to combat vaccine misinformation and “*mitigate... mistrust on all vaccines*”. The Observatory [joins a plethora](#) of Big Biotech organisations and programs pushing back against those who question the safety and necessity of vaccines and in particular covid vaccines.

The US Centers for Disease Control and Prevention (CDC) has [announced](#) it will be reducing the number of cycles on PCR tests to less than 28 in order to diagnose 'breakthrough' cases of covid-19 in those vaccinated. It will also now [only report](#) on those individuals who are hospitalised or die as a result in an effort to “*...maximize the quality of the data collected on cases of greatest clinical and public health importance*”.

[Spike protein alone can harm](#)

[Publishing](#) in *Circulation Research*, researchers discuss the key role of the spike protein of the coronavirus in promoting covid-19 illness. The paper also shows that covid-19 is a vascular disease not a respiratory disease potentially explaining the vast range of symptoms and issues experienced by covid-19 patients. However, the information contained in the paper raises serious concerns about the action of covid vaccines, which cause the body, in the case of the mRNA vaccines, to create the spike protein of the SARS-CoV-2 virus, while others deliver synthetic sequences that are copies of the spike protein. Concerns continue to rise as adverse events not seen during the limited clinical trials prior to emergency use authorisation was granted, begin to manifest themselves.

[Scientists and doctors speak out](#)

Scientist and health professionals around the world are [calling for](#) the vaccine steamroller to be stopped immediately as significant levels of [adverse events](#) are [becoming apparent](#), despite the low reporting rate to official sources such as [VAERs](#) in the US and the Yellow Card Scheme in the UK. Doctors for Covid Ethics, a coalition of 160 doctors and scientists, has [sent a third letter](#) to the European Medicines Agency warning of the dangers from covid vaccines. A thorny subject that [Tucker Carlson tackled](#) in a recent broadcast on Fox News.

Eminent scientist, US based Dr Janci Chunn Lindsay PhD, has called on the CDC's Advisory Committee on Immunization Practices for an immediate halt to all covid vaccine production and distribution. In Israel, counter to the government's claims that there have been few adverse reactions, the Israeli People's Committee has [released a report](#) highlighting how the government has systematically shut down all monitoring and tracking of adverse events. The report sets out the Committee's main findings, which make for sobering reading. This should be raising a massive red flag to all governments yet such warnings continue to go unheard.

Many are [expressing concerns](#) over the desire to vaccinate children as part of the programme despite them being at [little or no risk](#) from the SARS-CoV-2 virus assuming they are healthy. An [open letter](#) from 28 Swedish doctors has urged officials to only vaccinate those at highest risk from the virus, but not young, healthy people, citing the [narcolepsy saga](#) following swine flu vaccination. In Israel, 21 distinguished scientists and doctors have [sent a letter](#) to the government calling on it to stop the vaccine drive to consider all available data prior to deciding whether or not to vaccinate children.

In Canada, the College of Physicians and Surgeons of Ontario issued a statement forbidding physicians from questioning or debating any of the official measures imposed to deal with covid-19 in the region. It also threatened any physician who speaks out with disciplinary action and punishment. In response, a wide range of physicians from across Canada have come together to create the Declaration of [Canadian Physicians for Science and Truth](#). The Declaration has already been signed by over 260 doctors and physicians and thousands of concerned citizens. You can show your support for the action by

Autoimmune disease - a hidden pandemic within a pandemic

Date: 13 May 2021

In support of our new Right to kNOw campaign, here's a round up of our most recent autoimmune articles to increase your knowledge of this rapidly increasing category of chronic disease

Content Sections

- [SARS-CoV-2 and vaccines](#)
- [ANH-Intl Feature: Are we lighting the fuse of an autoimmune time bomb?](#)
- [Too few irons in the fire or out of the frying pan?](#)
- [Autoimmune disease - stopping your body turning on itself](#)
- [Emotions: the hidden face of autoimmune disease](#)
- [Are you courting autoimmune disease with your daily staple?](#)

The launch of our [‘Right to kNOw’ campaign](#) today is aimed at stopping discrimination against the autoimmune, and coincides with [Coeliac Awareness week](#) in the UK.

[Coeliac disease](#) is an autoimmune disease driven by the consumption of gluten — the protein in grains like wheat, barley and rye — which can cause some people’s immune systems to attack cells in their own body instead of foreign invaders. In the case of coeliac disease, it’s the lining of the gut that the attack is focused upon.

Autoimmune disease (AID) is a major, hidden, diverse and rapidly increasing, health problem. It knows no boundaries and can affect anyone regardless of age, ethnicity or gender, but women are more susceptible than men. The number of people suffering from one or more AIDs has [risen exponentially](#) in recent years. Whilst the true extent of the problem is not fully known, it is [causing an enormous drain](#) on healthcare systems and ruining the lives of many.

Over [80 autoimmune diseases](#) have been identified to date, with more being found every year — and they can affect any part of your body depending on your individual genetics. Search the internet and you will find a multitude of different awareness events for the profusion of autoimmune conditions that are literally robbing people of their health. In March, the American Autoimmune Related Diseases Association (AARDA) organised [Autoimmune Disease Awareness month](#), whilst in April, the Global Autoimmune Institute ran [another awareness event](#).

Symptoms from the many different autoimmune disease are very diverse, and are the result of the breakdown of the natural self-tolerance mechanism in the body. Once this has happened, particular cells or tissues are targeted by the body's own immune system, manifesting in the very wide variety of autoimmune diseases. Symptoms can also differ greatly from person to person and can affect some or all organs and tissues, crossing medical specialities, which makes diagnosis fraught with difficulty.

Many people spend years going from one specialist to another before their illness is given a label and treatment is offered. The body of an autoimmune individual is no longer able to recognise its own cells or tissues (self), which causes the confused immune system to see them as foreign antigens, proteins, substances or invading pathogens (non-self) and take defensive action.

Complex interactions arising from genetic predisposition, vulnerable barriers (e.g. skin, gut or lungs) and a range of environmental triggers (that may be external or internal) give rise to what's often referred to as the '[mosaic of autoimmunity](#)'.

The triggers for the development of autoimmune disease are many and varied ranging from infections, [trauma](#), [chronic emotional stress](#), [gut dysbiosis](#), [poor food choices](#) and chemical exposure to name just a few.

SARS-CoV-2 and vaccines

New journal papers are raising the red flag over the risk of some individuals' immune systems overreacting to SARS-CoV-2 to the point their [immune system becomes so dysregulated](#) as to go down the autoimmune path. In this paper, published in *Nature*, researchers are pursuing the idea that infection with SARS-CoV-2 is driving the development of autoantibodies, which in turn heightens an individual's response to the disease. This is not a new theory in relation to viral infections though, with scientists previously identifying numerous instances where an infection triggers an autoimmune reaction.

[Publishing](#) in *Frontiers in Immunology* researchers sought to determine whether infection by SARS-CoV-2 can trigger an autoimmune reaction. A diverse range of human tissue types were found to react against SARS-CoV-2 antibodies. Out of 55 tissue types tested 28 reacted indicating the possibility of the development of autoimmune conditions following infection. The team behind the research raise a red flag in regard to the very "*daunting and real*" possibility that new vaccines being developed to counter covid-19 will further trigger the development of autoantibodies leading to [an increase in autoimmune disease](#) in susceptible individuals. As the vaccines have had limited testing in healthy populations and are being used under emergency use authorisations, humans are literally taking part in a massive experiment.

To support the [launch of our new campaign](#) we're sharing some of our previous articles on autoimmune disease to help you understand this most misunderstood and poorly recognised of chronic disease categories.

[ANH-Intl Feature: Are we lighting the fuse of an autoimmune time bomb?](#)

Informed by the research and views of Prof Yehuda Shoenfeld, the 'father of autoimmunity', we consider whether the current pandemic could trigger a super-epidemic of autoimmunity

There's been increasing concern voiced by world-leading immunologists that we could soon witness a devastating super-epidemic of autoimmune diseases. Some think it's our exposure to the SARS-CoV-2 virus that's the major concern. While others are more worried about the novel, still experimental vaccines, delivered at an unprecedented scale. But could it be both? In this piece, we aim to get under the covers of this complex area that's been getting very little airtime in the mainstream media.

Autoimmune 101

Autoimmune diseases represent a diverse group of [over 100 diseases](#) including type 1 diabetes, multiple sclerosis, lupus, psoriasis, coeliac disease, Crohn's disease, ulcerative colitis, Addison's disease, rheumatoid arthritis, pancreatitis, Grave's disease, Hashimoto's, fibromyalgia, and many other common diseases.

The [underlying mechanism](#) that links all these diseases is the loss of self-tolerance. As a result, the body starts to attack healthy cells or parts of itself, leading to the characteristic symptoms of one of the myriad autoimmune diseases.

[Read the full article...](#)

[Too few irons in the fire or out of the frying pan?](#)

Why antibody-enhancement of disease (ADE) might be a ticking time bomb

Associate Professor of Health Sciences Adam MacNeil at Brock University, Canada and his PhD student Jeremia Coish were among the earliest to warn, last June, of the dangers of not looking very carefully at the possibility that vaccines might trigger antibody-dependent enhancement (ADE) of disease. This could mean that people who are vaccinated might, paradoxically, suffer more severe disease when exposed to the wild virus than if they hadn't been vaccinated

In their aptly titled article, "Out of the frying pan and into the fire? Due diligence warranted for ADE in COVID-19," published in the journal *Microbes and Infection* in June 2020, they argue that ADE is well known to be a risk for coronavirus-mediated infections, as well as dengue. For those not already familiar with ADE, it is the paradoxical immune response that makes a person who was previously exposed to the disease, or a vaccine targeting it, more – not less – susceptible in the event that they're subsequently infected.

[Read the full article...](#)

[Autoimmune disease - stopping your body turning on itself](#)

Meleni Aldridge's presentation at the Get Well Show London 2020 offers a roadmap through the autoimmune journey

Autoimmune diseases are on track to eclipse heart disease as the number one killer in the Western world. Yet it remains an area of healthcare that isn't well understood or often,

appropriately addressed by conventional medicine, leaving many people suffering needlessly.

Meleni's personal journey through her own autoimmune disease and return to vibrant health, gave her second presentation at the [Get Well Show in London \(2020\)](#) a uniquely personal, yet informed, dimension. Combined with over 30 years of clinical experience filtered through different therapeutic lenses, Meleni's presentation offers multiple reasons why your body may be turning on itself and how to turn back towards wellness.

[Read the full article....](#)

Please note: you can [purchase a copy](#) of Meleni's presentation from our web shop.

Emotions: the hidden face of autoimmune disease

Why your emotional landscape may be leaving you at risk — and what to do about it

[As we discussed last week](#), the skyrocketing increase in autoimmune disease could soon eclipse heart disease, the no 1 killer in the Western world. We described the role that gluten plays, but we didn't discuss gender or the contributory role emotions play in the development of an autoimmune disease. This week's article is based on [Dr Keesha Ewers'](#) brilliant lecture, *Stress and Autoimmune Disease*, at the Institute for Functional Medicine's 2018 annual conference.

In short, if you're a woman with a challenging emotional landscape, you are up to 10 times more at [risk of developing certain autoimmune diseases](#) – and you may know nothing about it for twenty to thirty years. Eighty percent of all autoimmune diseases diagnosed are in women and once the seal is broken so to speak, there is a [75% chance of developing](#) more if the causes aren't fully addressed.

[Read the full article...](#)

Are you courting autoimmune disease with your daily staple?

Why eating gluten really is nutrition's equivalent of Russian Roulette

In case you hadn't noticed, as a society, we are now dying slowly (mostly uncomfortably and painfully) from chronic inflammatory and metabolic diseases, not fast from acute infections as our ancestors used to. Interestingly nothing much has changed in 40 years as far as genes and environmental triggers go, yet acute chronic disease rates continue to rise. Would it surprise you to know that we're not born with the destiny to develop chronic inflammatory diseases (CIDs)? The stark fact is that our current health crisis is not down to genetic changes or pathogens (infections), it's down to something we are doing to ourselves and the planet.

I've just had the extreme pleasure of sitting in 3-days of back to back presentations on all aspects of autoimmune disease (AID) at the [Institute for Functional Medicine's 2018 Annual International Conference](#). I know this might not seem like everyone's idea of a good time, but we practitioners are a strange lot! The conference focused on the interplay of the gut, genes and the environment in an attempt to stitch together the 'puzzle of autoimmunity'. Given that [more than 100 autoimmune diseases have been identified](#), there was a lot of ground to cover. Yet, despite multiple diseases and multiple symptoms the causes and treatment approaches are often much the same.

[Read the full article...](#)

Your Right to kNOw campaign launch!

Date: 13 May 2021

Joint launch with ANH-USA of campaign to stop discrimination against the autoimmune

Joanna is 27-years-old and has a history of lupus. She heard reports on the news that said covid vaccines might induce a severe, potentially life-threatening autoimmune adverse reaction that was never revealed in the Phase 3 trials before emergency authorisation of the experimental covid vaccines was granted. They called the autoimmune reaction VITT - and she remembered that it was agreed by most scientists that this condition was induced by the new covid vaccines

As Joanna is considered vulnerable, she was offered the covid vaccine much earlier than her healthy peers. But she was concerned about triggering a flare up - so she was, and remains, hesitant. She now faces an impossible choice. The university at which she plans to enrol in September has said it won't accept students who aren't vaccinated.

This decision by an academic institution will substantially affect Joanna's right to education. Joanna worries that she will face being stigmatised by her friends if she's not been vaccinated. She also worries that she won't be able to travel or go to cinemas or theatres unless she's vaccinated. This places Joanna under a lot of additional stress that could seriously aggravate her underlying condition.

This form of discrimination by institutions, private companies and sometimes government authorities contravenes human rights law in most countries. Our [Right to kNOw campaign](#) aims to prevent such discrimination going forward.

There is emerging evidence that blood clots (thrombosis) and low platelet counts (cytopenia) are occurring in some people following covid vaccination. The autoimmune adverse reaction known as vaccine-induced immune thrombotic thrombocytopenia or VITT - that affects mainly younger women - is brought into sharp focus why people with autoimmune backgrounds might be hesitant over covid vaccination.

We have launched today our ['Right to kNOw' campaign](#), along with our colleagues at ANH-USA, that calls for an end to discriminatory practices by institutions, private companies and governments which threaten the safety and personal autonomy of the hundreds of millions of individuals suffering from one or more of the 80-plus autoimmune diseases.

To launch the campaign we have:

- A [30-page white paper](#) that provides the medical scientific and legal justifications for why those with autoimmune backgrounds shouldn't have to accept restrictions to their rights and liberties, as compared with their vaccinated counterparts (free to ANH-Intl members, nominal purchase charge for non-members)
- An executive summary of the above (free to everyone)

- A press release that has been sent out to the mainstream and alternative press internationally
- A campaign launch video
- 6 campaign asks

>>> Check out all of this and more on our brand new [Right to kNOw campaign page](#) - and please Act NOW!

<https://www.brighteon.com/9e17ad3c-4ce6-4ec7-95f3-d9efa1ce374e>

Note: You will see an advertising banner beneath our videos that play off the Brighteon platform (when they are not maximised). This advertising helps support the Brighteon platform that doesn't charge subscribers for their content, is committed to free speech, yet is also respectful of copyright-related law. We'd like to clarify that no advertising revenue from Brighteon is received by the Alliance for Natural Health Intl.

Molecular mimicry - the loaded gun for the autoimmune

Date: 19 May 2021

Why immune warfare and mistaken identity are at the core of the autoimmune landscape

Content Sections

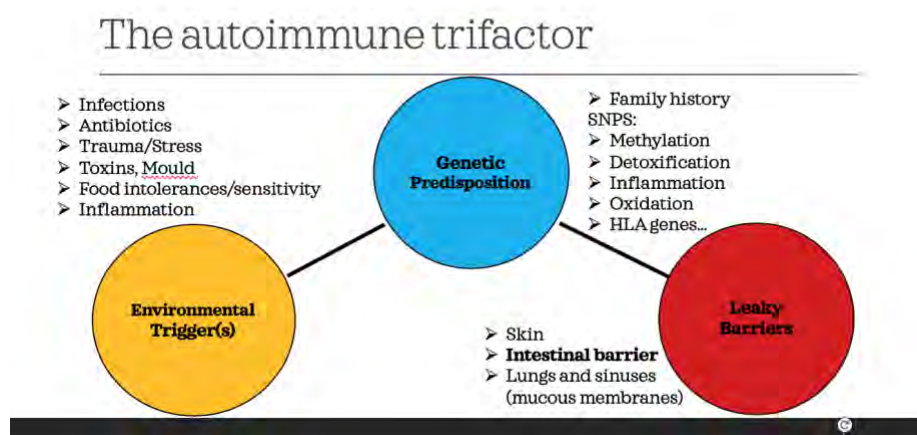
- [Triggering autoimmunity](#)
- [Raising the red flag!](#)
- [Molecular mimicry and the autoimmune landscape](#)
- [Video transcript](#)

The immune system always feels a bit like the Cinderella of the body systems. Not very hip, cool or fancy (unless you're an immunologist!), but the one that the entire body relies on in order to work optimally and that's critical for our survival too. The last year has certainly shone a spotlight on how important our immune function is in terms of protection against pathogens. But our latest campaign, [Your Right to kNOw](#), is shining a spotlight on another very important area where the immune system features more as villain than saviour. We're talking about its role in autoimmune diseases.

We introduced our joint collaborative campaign with our sister organisation, [ANH-USA](#), last week with Episode One, *Stop Discrimination against the Autoimmune*, [here](#), if you missed it. This week we explore molecular mimicry and its role in autoimmunity.

Triggering autoimmunity

No one is immune to autoimmune disease, but some are more at risk of developing these diseases than others. What makes an autoimmune disease different from other chronic diseases is a loss of tolerance to self (or specific parts of self at least), when our own immune system loses the ability to differentiate between our healthy cells and those of pathogens or trigger molecules, for example gluten, dairy or bacterial endotoxins such as [LPS \(lipopolysaccharides\)](#).



At the core of autoimmunity lies a dysregulated immune response, that if undetected and unresolved, leads to loss of function and tissue damage when the immune system goes rogue. Hence, an autoimmune disease can target any part of the body and affect more than one body system.

In particular, the interplay between our gut health, genes and our environment can either reduce or increase our risk of going down the autoimmune route. This is because the cross-talk between our genes and our microbiome (something referred to as epigenetic pressure) is integral to flipping the switch from predisposition to full blown disease. To further complicate the picture, our genetic individuality, even within families, creates unique and different expressions of autoimmunity making it much more challenging to establish causal relationships between one or more triggers and the incidence of disease. Once you enter an autoimmune landscape, you're wide open to developing more than one condition if normal immune function isn't re-established, so halting the progression of disease.

Raising the red flag!

This is why we're raising a red flag with the current crop of covid-19 vaccines that are centred around the SARS-CoV-2 spike protein. Coronaviruses themselves have the potential to induce autoimmune disease, but the SARS-CoV-2 spike protein has 26 peptide sequences in common with human proteins.

Table 1

Heptapeptide sharing between SARS-CoV-2 spike glycoprotein and the human proteins.

Peptide	Human Protein Name
SSTASAL	40S ribosomal protein S13
KLNDLCF	Interleukin-7
FLPFFSN	OTU domain-containing protein 6A
EIDRLNE	Protein SET
IGAGICA	Hepatitis A virus cellular receptor 2
EIDRLNE	Protein SETSIP
LDKYFKN	Follistatin-related protein 1
VSGTNGT	Lysosome-associated membrane glycoprotein 1
FKNLREF	Isovaleryl-CoA dehydrogenase, mitochondrial
LPPLLTD	Maestro heat-like repeat-containing protein family member 9
DKVFRSS	Zinc finger protein 528
LVKQLSS	E3 SUMO-protein ligase PIAS1
VTLADAG	Non-receptor tyrosine-protein kinase TNK1
RRARSVAS	Amiloride-sensitive sodium channel subunit alpha
SPRRARS	Hermansky-Pudlak syndrome 1 protein
KVEAEVQ	EMILIN-3
TRFQTLL	Dishevelled-associated activator of morphogenesis 2
VYSTGSN	Neural cell adhesion molecule L1-like protein
GLTVLPP	FH1/FH2 domain-containing protein 3
SLLVN	ATP-binding cassette sub-family A member 10
DEDDSEPV	Unconventional myosin-XVI
NASVVNI	Thyroid adenoma-associated protein
LIRAAEI	Unconventional myosin-XVIIIa
TGRLQSL	Neuron navigator 3
DEVQRQA	Histone-lysine N-methyltransferase 2C
SSSGWTA	Transmembrane protein KIAA1109

 Data on protein function/disease from Uniprot (<https://www.uniprot.org/>).

Sequential overlapping heptapeptides are given bold.

When one of the world's most published scientists (1,750 papers to date!), also referred to as the 'father of autoimmunity', [Dr Yehuda Shoenfeld](#), raises concerns about the antigen sequences in the vaccines, it's time to listen. His concerns are just as much for the synthetic antigens (AstraZeneca, Johnson & Johnson) being injected into the body with their viral vectors (genetically modified, non-replicating chimp common cold viruses), as for the mRNA jabs (Pfizer, Moderna) which instruct the muscle cells to create them.

As the peptide sequences are not unique and contain genetic sequences that are identical to the human genome, as well as to SARS-CoV-2, the risk of the vaccines creating a heightened risk of autoimmunity is more than real. For individuals that are already susceptible to autoimmune disease, an adverse reaction to a vaccine - or the repeated triggers from multiple boosters - could well be enough to tip them over the edge. But we seem to be lone voices in what's turning out to resemble a tsunami of a coercion.

[Molecular mimicry and the autoimmune landscape](#)

One of the main functions of our immune system is to keep us safe by responding to invading microorganisms like viruses, bacteria, fungi or parasites, chemicals or toxins. Our immune systems learn to differentiate self from non-self from birth through early childhood, and under normal conditions, cannot initiate an immune response against the cells of one's own body. But as we've described above, the incidence of immune dysregulation has been rising exponentially and we're being faced with an ever more diverse array of triggers and factors that destroy integrity of our barriers (e.g. gut, skin, brain), even before being faced with the new, experimental, covid vaccines.

[Molecular mimicry](#) is one of the leading mechanisms for pathogens (e.g. infections), chemical agents (e.g. toxins, environmental chemicals, mould, fungi, covid vaccines) and other molecules (e.g. gluten, casein) to cause autoimmunity. It happens because the similarities between the foreign and self-peptides (building blocks of protein) confuse the immune system in a predisposed individual into thinking that all the sequences are foreign. The immune system then unleashes its fire power, only it ends up destroying the body's healthy cells instead of a bunch of marauding foreign cells. It's a case of immune warfare that induces 'friendly fire' through mistaken identity. But the consequences can be serious as the constantly expanding [list of autoimmune diseases](#) demonstrates.

This is why it should be [Your Right to kNOw](#) how your risk of developing an autoimmune disease may be impacted by the vaccines depending on your genetic predisposition, state of health and exposure to triggers.

Please watch our latest video, ***Episode 2: Molecular Mimicry and Autoimmunity***

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Video transcript

Molecular mimicry and autoimmunity

In the natural world, various organisms use imitation or mimicry to outwit predators or gain competitive advantage. Mimicry isn't restricted only to the outward appearance of organisms. It can also happen at the molecular level, being called molecular mimicry. For over 30 years, scientists have known that one particular kind of molecular mimicry — where genetic sequences of both a microbe and its host are shared — can lead to the host attacking its own cells or tissues in a case of mistaken identity. In such cases autoimmune disease can be an inevitability.

Autoimmune diseases can develop at almost any age, but are more common in women. They can be triggered when there's a 'perfect storm' of genetic predisposition, vulnerable barriers — like a leaky gut or a chronic skin problem — and exposure to one or more triggers. These triggers can range from the foods we eat, the pollutants we inhale or absorb through our skins, the lifestyles we lead, or trauma or chronic stress.

It's now clear that molecular mimicry can be a big problem both for those infected by the SARS-CoV-2 virus - but also from the vaccines, most of which are based on antigens built around the spike protein of the virus. The SARS-CoV-2 spike protein shares 26 peptide sequences with the human genome so molecular mimicry is more than a just theoretical possibility. Autoimmune experts were concerned about this risk early on in the pandemic and hoped it might be taken into account in the warp speed development of the vaccines. No such luck. Now we've not only got a loaded gun in the form of a possible mechanism — molecular mimicry — but also a smoking gun. This comes in the form of the widely reported blood clots linked to the vaccines. These are the result of autoimmune reactions that cause both thrombosis - blood clots - and cytopenia - low platelets. The condition is now formally recognized by health authorities and is referred to as 'vaccine-induced immune thrombotic thrombocytopenia' or VITT for short. It's fortunately rare but there's currently no way of predicting who's going to get it - and it can be very serious or even deadly.

The bottom line is anyone who's already got or has had an autoimmune disease, or has a genetic predisposition for autoimmunity, is going to be more at risk of getting a potentially life-threatening autoimmune reaction to any of the experimental, emergency authorized COVID vaccines.

In our next video in the series, we're going to explain some of the legal and ethical implications of the growing discrimination against the autoimmune - and what we can do about it.

Please share this video widely in whatever way you can. Thank you.

<https://www.brighteon.com/56f18953-8430-44bb-8790-1d178cd20223>

Your Right to kNOw: Legal implications

Date: 26 May 2021

Why we need to call out those private companies and institutions which treat vaccinated and unvaccinated people differently

Content Sections

- [●Discrimination happens when vaccinated and unvaccinated people are allowed different rights](#)
- [●Transcript](#)
- [●Potential risks](#)
- [●Informed consent](#)
- [●Cause, effect and discrimination](#)
- [●Duty of Care](#)
- [●Right to kNOw!](#)

Discrimination happens when vaccinated and unvaccinated people are allowed different rights

This is our third episode in our **Right to kNOw campaign** which aims to raise awareness over the potential for discrimination against those who are unable - or hesitant - for medical reasons, to receive a covid-19 vaccine. This week, including in our video (below), we look closer at the legal implications of the discrimination that increasingly means vaccinated and unvaccinated people have different rights and privileges.

Whilst we've targeted this campaign at a particularly large group that makes up at least 10% (and potentially considerably more than) of the population in industrialised countries — those that suffer from, or are at risk of, autoimmune disease — we fully acknowledge that there are many others who, for medical reasons, also feel that the covid-19 vaccines pose too great a health risk.

The covid-19 vaccines are not currently mandatory in many countries because, at least in part, they're being used under emergency use authorisations so are not yet formally approved or licensed. While governments are not currently in a position to mandate the vaccines, pressure is being brought to bear on citizens by other means. We're seeing [companies changing contracts to mandate vaccines](#) for employees, [universities requiring students to be vaccinated](#) before they can come back to campus, entertainment and [sports venues demanding proof of vaccination](#) for entrance and hearing too many stories of divided friends and families preventing contact with the non-vaccinated.

Add in to the mix sporting events [also becoming vaccination sites](#), children and teens aged 12 to 17 in British Columbia [being able to get vaccinated without parental knowledge](#). Let alone consent and [reports of a pop-up vaccination centre](#), again in Canada, bribing kids with ice cream in exchange for a no-parental permission vaccine. You soon realise that there is absolutely no recognition or concerns about how discrimination against those who can't or don't want to vaccinate on medical grounds might play out in human rights terms.

At least in the USA, OSHA (Occupational Safety & Health Administration) [has updated its guidance to employers](#) over covid vaccine adverse events. If employers require employees to be vaccinated to maintain their job and they suffer an adverse reaction, then the event becomes both recordable and reportable, which opens the company up to liability. If the company only makes a recommendation (employees must have a truly free choice and not be penalised if they refuse), then OSHA will not enforce recording of any adverse events post-vaccination.

This week's video (below) walks you through some of the most important legal implications involved in riding roughshod over informed consent, why coercion might breach anti-discrimination laws and why institutions and companies also have a duty of care for citizens.

You can read more on the strong scientific and legal base to this campaign in our [White Paper](#), published 13th May 2021. Now is the time for us to make a stand whilst these vaccines are still experimental. The powers-that-be are doing all they can to push the full vaccine licences through, but let's make sure that we do all that we can to ensure a win for the autoimmune as [the evidence is so strong](#). It is our hope that this win will then pave the way for protecting many others.

How can you help? Visit our [Right to kNOw campaign page](#) and check out the section entitled, 'How you can support the campaign'! Send your emails to info@anhinternational.org.

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[Transcript](#)

All governments – whether national, regional or local, have a collective duty of care to do what they can to protect their citizens from existential threats like nuclear wars or new diseases – covid-19 being no exception. This is based on the [principle of beneficence](#) that's enshrined in human rights treaties and law ([here](#) and [here](#)).

But based on available data of the risks of SARS-CoV-2 to different population groups and taking into account the still-experimental nature of current covid vaccines many countries have decided not to mandate covid vaccines at a national level.

What's happened instead is that an ever-greater number of institutions and private companies have decided – sometimes as a result of their obligations to rules or laws passed by government authorities – to require students, staff or customers to have vaccines.

Unfortunately, this is something of a double -edge sword.

Potential risks

Risks from the virus as well as potential risks of adverse events from the vaccine appear to be greater among younger rather than older people. In fact, some employers are recognising the possibility that if a vaccine injury occurs because of their private mandate, it would go down as a workplace incident and render them liable. So some employers — such as the Chicago-headquartered [US construction firm Clayco](#) — have decided to reverse their vaccine mandates.

Not only this, a [report](#) by the Kaiser Family Foundation published in April 2021 suggests that vaccine mandates for staff might not be legal for vaccines that haven't yet received full authorisation by drug regulators, such as the FDA in the USA, which is still the case for all covid vaccines.

Informed consent

Receiving consent from individuals before any kind of medical intervention is administered — vaccines included — is a legal obligation under the principle of respect for autonomy of persons. This includes being given adequate information to make an [informed decision](#) — without coercion. Yet it appears that many millions of people are being given vaccines without due regard for the legal requirements of informed consent.

In most countries that have yet to impose vaccine mandates, public or private coercion to vaccinate has now become almost ubiquitous.

Cause, effect and discrimination

What hasn't received much public attention is that this kind of public or private coercion might breach anti-discrimination laws. This is particularly relevant where the affected party is one that has medical concerns over vaccination — such as those with an autoimmune history.

In our two previous videos in this series, we've explained why people with an autoimmune history have plausible medical reason, which could also be construed as a philosophical belief, against consenting to receive covid vaccines. As we lay out in our [White Paper](#), there's a clear mechanism for this — molecular mimicry — and now there's also evidence of a covid vaccine-induced autoimmune signal. That comes in the form of the widely publicised adverse reaction that includes the potentially deadly combination of blood clots and low platelet counts. This autoimmune condition has been termed '[vaccine-induced immune thrombotic thrombocytopenia](#)' or VITT.

Concerns might be greater for younger people, especially women, who statistically face greater risks, including their ability to have or raise children.

In effect, the potential for discrimination shares many of the concerns with those being voiced over [vaccine passports](#). In the UK, the [Equality Act of 2010](#) should prevent private entities from discriminating against those who've got plausible medical reason to avoid vaccination. In the US, the [same protection](#) is likely conferred by the [Civil Rights Act](#) and the [Americans with Disability Act](#).

Duty of Care

The reality is that many institutions and private companies have yet to balance how they should manage their own duties and responsibilities against the country or region's duty of care for the population as a whole – and this almost certainly won't happen until more data are available and the courts in different jurisdictions have had a chance to weigh in.

Right to kNOw!

Our [Right to kNOw campaign](#) is all about drawing citizens', health professionals', institutions', companies' and policy-makers' attention to how people with autoimmune histories might face unfair and potentially illegal discrimination.

If you have an autoimmune history or you work with patients or clients who do – and you're concerned about how those who choose not to be vaccinated might be discriminated against – please [contact us](#) as we're documenting views and concerns both by citizens, and doctors and other health practitioners.

By airing these concerns and working together, we hope – as progressive and enlightened societies – we'll be able to put a stop to discrimination against the 10% plus of the population with an autoimmune history.

Such discrimination can profoundly impact and disadvantage a person's life and his or her future by limiting rights and civil liberties to a greater extent than those who've been vaccinated. This may be through reduced access to education, ability to work or be entertained, as well as by limiting freedom of movement.

Please share this video widely, go to our [Right to kNOw campaign page](#) – and find out how you can get involved. Thank you.

London Unites for Freedom - again

Date: 3 June 2021

Around a million people protesting in London but the UK government and mainstream media want to keep it a secret!

Content Sections

- [Media misinformation](#)
- [What difference will protesting make?](#)
- [Will you be standing for freedom in June?](#)

By Melissa Smith, outreach & communications officer

Saturday 29th May 2021 was a glorious sunny day, perfect for a day trip to London. But this was a day trip with a difference. This was the day I joined nearly a million other ordinary UK citizens united in our feelings about the UK Government's handling of the pandemic to march through London. Our aim? To unite for Freedom and send a clear message to the Government that enough is enough. The loss of our rights, freedoms and civil liberties is no longer supported or tolerated.

People from all walks of life, of all ages, race, colour and creed made the journey to London to stand up for freedom. Freedom from fear, freedom from tyranny, freedom to choose how they maintain their health, freedom from coercion and [freedom from discrimination](#) for refusing to be vaccinated.

"I've been aware from the start of all this that things haven't added up, and attended the 2 most recent, massive London Freedom protests. The uplifting energy of connection, unity and purpose on these marches is overwhelming! So many people feeling so very passionate about getting the truth out and ending the censorship and the false narrative. The powerful vibe of a million people taking such an important stand together is incredible to be a part of. Millions of others everywhere must be waking up and standing up too. Freedom, truth and justice are our birthright!"



Yvonne England, ANH supporter and past team member

We've brought together images and video footage from the event to bring this momentous event to life and give a flavour of the compassion, empathy, unity and peacefulness of the protest march.

Media misinformation

Once again, the mass gathering, which brought central London to a standstill for 4 or 5 hours, was largely ignored and dismissed by the corporate-owned media who focused on efforts by protestors to stage a peaceful protest in the Westfield shopping centre in Shepherd's Bush, London. *The Guardian* managed to acknowledge the sea of protestors saying there appeared to be hundreds of thousands of people taking part.

There was a carnival like atmosphere as people sang, chanted, played musical instruments, hugged each other and made new friends as the march wound its way through Central London. A mass of unmasked people with no social distancing in sight marching as one was a sight to behold after the events of the past 14 months. Cat calls and whistles bounced around Whitehall as Downing Street hove into view.



Source: Yvonne England, with thanks.

Also in attendance were Patrick Holford and his team from C4Covid taking the opportunity to highlight the role of vitamin C in tackling covid-19 illness and the Government's dismissal of its effectiveness in promoting immune system resilience and treating covid-19 illness.



The Vitamin C for Covid team

Dolores Cahill and Kate Shemirani were in attendance and [spoke to protestors](#) in Parliament Square before the march set off. Also [joining the protestors](#) was seasoned campaigner Piers Corbyn, who led the protestors into Westfield Shopping Centre.

What difference will protesting make?

People often ask what's the point? What will protesting change? But having had personal experience now, I would say that it changes everyone who takes part, gives hope to those who can't be there in person, shows those who are isolated that they're not alone and brings individuals together into collective action. Each time a peaceful protest like this takes place, numbers swell. For me the question is how many more marches and how many more people are needed before the Government and the media are forced to listen to the people? Governments seem to have forgotten that they are in service to the people.

"The power in the people is stronger than the people in power"



Oracle Films

Will you be standing for freedom in June?

If you reside in the UK and are interested, the next march is due to take place in London on the 26th June at 1pm. The organisers are inviting all that attended this one to bring a friend, double the numbers and send a stronger message. Citizens are speaking and we will not be

Speaking Naturally with Dr Tess Lawrie

Date: 3 June 2021

International ivermectin expert reveals massive roadblocks to widescale adoption

Content Sections

- [What is Ivermectin and who is Dr Tess Lawrie?](#)
- [Watch the interview](#)

Ivermectin has shot to fame over the last year - or infamy, depending on your perspective. Despite more than enough data [showing demonstrable success in treating covid-19](#) as well as acting as a potent prophylactic, it's hitting massive roadblocks to widescale adoption. But why has this humble, hardworking, long-used, generic drug become the driver of mass censorship, outright bullying and bureaucratic red tape?

This week our founder, Rob Verkerk PhD, interviewed Dr Tess Lawrie, one of the most learned international experts on Ivermectin, to get to the bottom of why this old drug has become more about politics than health.

[What is Ivermectin and who is Dr Tess Lawrie?](#)

But before you dive into the video, and just to clarify, ivermectin is a Nobel prize winning generic drug on the [WHO's Essential Drugs list](#). It's been in use for more than 40 years with an estimated 3.7 billion doses and is being considered for mass administration for malaria by the WHO.

Ivermectin is endorsed by Dr Pierre Kory of the [Front-Line Covid-19 Critical Care Alliance](#) (FLCCC), authors of now renowned [MATH+ hospital treatment protocol for covid-19](#) and the [I-MASK protocol for prevention and early outpatient treatment](#). Anecdotal evidence is mounting to suggest it's useful for long-covid or long-hauler syndrome too. Ivermectin is usually used as an anti-parasitic (worms, river blindness), but is now recognised as a broad anti-viral and anti-bacterial, with potential as a chemotherapy adjuvant for cancer.

Dr Tess Lawrie MBBCh DFRS PhD is the director of the [Evidence-Based Medicine Consultancy Ltd](#), which is committed to improving the quality of healthcare through rigorous research. Her range of research expertise, based on research experience in both developing and developed countries, uniquely positions her to evaluate and design research for a variety of healthcare settings. Dr Lawrie is a frequent member of technical teams responsible for developing international guidelines. Her peer-reviewed publications have received in excess of 3000 citations and her ResearchGate score is among the top 5% of ResearchGate members.

Dr Lawrie decided to take a stand on ivermectin after seeing Dr Pierre Kory testify before the US Senate on the potential of ivermectin for prevention and treatment of covid-19. She looked into the data and decided to conduct a rapid systematic review and meta-analysis to assess the data for herself. She was struck by the seeming efficacy of the drug in reducing

mortality and morbidity, and, as a doctor, considered it her duty to inform the UK health authorities about this potential breakthrough treatment.

To date, her efforts to reach the UK Govt have been met with stony silence. Instead, she's been censored, deplatformed, villified and pilloried. But Dr Lawrie has worked tirelessly to keep getting the message out on ivermectin through countless interviews, testifying in court and making presentations to governments and medical professional groups around the world.

>>> Follow Dr Lawrie's work on ivermectin by subscribing to the BIRD (British Ivermectin Recommendation Development Group) website.

[Watch the interview](#)

<https://www.brighteon.com/8a40790b-a4cf-4014-979c-e34931792cca>

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Your Right to kNOw: Patient champions speak up

Date: 3 June 2021

Citizens and patients with autoimmune history bring the campaign to life through their own words

Content Sections

- [Meleni's transcript](#)

[Education establishments](#), [sports](#) and [entertainment](#) venues are just a few institutions and companies that have determined that rights of entry will be limited according to vaccination status. This discrimination extends into families [and friends](#), where those who are unvaccinated — seemingly without regard for reason — may find themselves disinited to dinner parties.

In complete polar opposite is a new initiative launched in the UK called [Open for All](#). Open for All is a charter for licensed premises and events that sign up to never forcing their patrons to show any documentation referring to health status in order to gain entry. The signatories do not believe it is right that they, as premises and promoters, should demand to see proof of medical records or health status. We agree and hope that this is a rolling stone that gathers much moss around the globe.

In the 4th week of our [Right to kNOw campaign](#), we provide excerpts of interviews with citizens and patient champions who invite more compassion and shun stigmatization. Our video piece is presented by our own executive coordinator, Meleni Aldridge, who has herself a history of autoimmune thyroid disease, which makes this campaign all the more poignant for her.

You can read more on the strong scientific and legal base to this campaign in our [White Paper](#), published 13th May 2021. Now is the time for us to make a stand whilst these vaccines are still experimental. The powers-that-be are doing all they can to push the full vaccine licences through, but let's make sure that we do all that we can to ensure a win for the autoimmune as [the evidence is so strong](#). It is our hope that this win will then pave the way for protecting many others.

How can you help? Visit our [Right to kNOw campaign page](#) and check out the section entitled, 'How you can support the campaign'! Send your emails to info@anhinternational.org.

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Meleni's transcript

Hello, I'm Meleni Aldridge. I'm the executive coordinator of ANH International and a board member of ANH-USA. I'm also an integrative health professional with a past history of autoimmune disease so this Right to kNOw campaign is very personal for me.

It's easy to take your Health for granted, until you don't have it anymore. By the age of 17 my health had spiralled into an autoimmune thyroid disease called Grave's Disease.

Lost health regained becomes extra special and immensely valuable -as many of you will agree who have experienced similar. Once immune dysregulation has tipped over the edge into an autoimmune response, you can certainly recover, but your immune system forever remains a hair's breadth from red alert.

The most proven clinical protocols for autoimmune sufferers involve removing all potential triggers in an effort to lighten the load on the immune system by cleaning up the exposome (which is what we take into our bodies and are exposed to around us). Think of your exposome as the environmental equivalent of your genome, your genetic blueprint

The current jabs are still experimental, with very little data to go on regarding the health outcomes for those with an autoimmune profile, history or risk. Especially when you take into account that autoimmune responses can take time to flare and may not be felt for months or even years post jab.

Autoimmune disease is more prevalent in women. Many women are caring for others who are dependent on them remaining well, which adds another dimension to decision-making.

At ANH we feel as strongly about patient-centred, individualised care as we do about freedom of choice. One size can never fit all. We have initiated this Right to kNOw campaign because we feel that people's choices about their health and care should be respected. Individuals with valid health concerns should not be stigmatized and treated as second-class citizens. Forced to face a raft of restrictions to the rights and freedoms that are available to those that choose to vaccinate. Especially as current vaccines do not stop infection or transmission, but merely lessen symptoms, and there is no evidence that the unvaccinated pose any risk to others.

These are charged and emotive times. Until we have the benefit of hindsight and more data, please let us walk through our days with empathy, compassion and respect. Everyone deserves the Right to kNOw, to choose and to not be discriminated against because of their vaccination status.

Thank you. Please share this video as widely as you can.

Your Right to kNOw: For kid's sake

Date: 16 June 2021

The must-see video for all parents because it's always better to be safe than sorry when it comes to medical interventions that affect your children

Content Sections

- [● Watch our latest video](#)
- [● Other expert voices join with ANH's](#)
- [● Are you a parent in the UK?](#)
- [● Video transcript](#)

Children are not just the most precious resource for their parents. As the future caretakers of our world, they are a priceless resource for us all. This is why the newest video in our [Right to kNOw campaign](#) series is entirely dedicated to children. Alongside the information and links below, it contains essential information that every parent and caregiver needs to know now. The pressure to start vaccinating children with experimental mRNA covid vaccines is ratcheting up by the day.

[Informed consent](#) is only possible when a parent is given sufficient information to weigh up potential risks alongside potential benefits. 'Potential' being the operative word as these vaccines are still experimental and there are still so many unknown factors.

"Kids are one third of our population and all of our future. Kids are never the experiment. Protect the Children."

- America's Frontline Doctors



[Watch our latest video](#)

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>>> Click [here](#) if you'd like to read a comprehensive 3,000 word article in which our founder, Rob Verkerk PhD, explains his reasons why he will not be consenting to the administration of covid vaccines for his youngest daughter.

Other expert voices join with ANH's

Thankfully, ours is not the only voice speaking out for the children.

In Alabama, US, America's Frontline Doctors have [filed a petition for a temporary restraining order](#) seeking temporary injunctive relief against any existing or further authorisation for use of covid vaccines in children under the age of 16.

On 6th May 2021, the [Texas Senate Hearing](#) heard from experts supporting the anti-discrimination bill (Senate Bill 1669), which, broadly, seeks to prohibit discrimination based on vaccination status. The whole session is 47:22 minutes which we recommend is very worth your time. If you're short on time, particularly pertinent to the subject this week is the testimony from pediatrician, Dr Angelina Farella, who makes a very strong case for steering well clear of covid vaccines in children. You can find her testimony from 36:37 to 42:22 [in the recording](#), but we've also clipped it below:

Source: *Dr Angelina Farella's testimony to the Texas State Senate, May 6th 2021.*

Are you a parent in the UK?

If you are a parent in the UK, you'd be right to be feeling like it's 10 mins to midnight. Having [heard Health Secretary Matt Hancock's assurances](#) in early December 2020 that children would not be part of the vaccination programme, as recent as yesterday, chief medical officer, Chris Witty, [was threatening that children may not be able to continue their education](#) in the fall without a covid vaccine.

We urge you to become as informed as you can. Here are some related links worthy of your time:

Independent organisation HART (Health Advisory and Recovery Team)
article: [COVID-19 child vaccination: irresponsible, unethical and unnecessary](#)

BMJ Viewpoint Article: [Should children be vaccinated against COVID-19 now?](#)

Article in The BMJ Opinion: [Covid vaccines for children should not get emergency use authorization](#)

[Open letter](#) to the UK Government from UK-based Us For Them:

[Open letter](#) to the UK Medicines and Healthcare products Regulatory Agency (MHRA) from UK Medical Freedom Alliance

[Listen](#) to Prof Callum Semple speaking on the Today Programme about why we should not be vaccinating children (listen from 1:22 - 1:25. You will need a BBC account to listen)

Video transcript

Many of us parents are at the cusp of making one of the most important decisions on behalf of our children.

Intense, tightly controlled PR being rolled out through the world's media has focused on making people feel it's their duty to be vaccinated, while those who choose not to be vaccinated are branded as selfish.

There are still so few data on the safety of these novel and experimental covid vaccines for children. Importantly - whatever the media machines are trying to claim, there's almost no serious risk posed by SARS-CoV-2 to healthy children - less than being struck by a bolt of lightning kind of risk. Add to this the unknown effectiveness of the existing vaccines against new variants of the virus, coupled with the extraordinary climate of censorship that makes accessing data by the average person even harder. This censorship is designed to silence and stifle any scientific or medical voices that don't agree with the mainstream view. It's simply absurd to stigmatise and marginalise parents with the label 'anti-vaxxer' for being understandably hesitant on behalf of their children.

Attacking individuals is no substitute for an open discussion of the science – something that's viewed as off-limits in the mainstream media.

Be aware that the PR machine is in full swing now, putting kids in an increasingly impossible position. It's making them feel they need to put their duty to protect others ahead of their parent's views. Apart from being based on very limited and sketchy data, this is too much guilt and responsibility to lay on a child's shoulders. These kinds of tensions in a young child's mind create trauma which could reverberate over a lifetime.

As I've already alluded, the hard risk/benefit data for the different covid vaccines being offered to children is very limited. But the data pattern that's beginning to emerge suggests that in younger people and children, the risks of vaccination outweigh the benefits.

This has been shown recently in Italy with a risk/benefit study of people under 60 vaccinated with the Oxford/AstraZeneca vaccine. The results showed that for the youngest group for which data were available, those aged 20 to 29, the risks outweighed the benefits.

Ethical principles as they relate to medical studies - a field referred to as 'bioethics' – has underpinned drug development and testing since the Nuremberg trials after the Second World War. Over the last 15 months, these bioethical principles have been completely cast aside to allow for the use of experimental, synthetic biology and mRNA-based vaccines on children.

Bioethical concerns have also been expressed by a leading US cardiologist, Dr Peter McCullough, one of the world's most prominent and vocal advocates for early outpatient treatment of SARS-CoV-2 infection to prevent hospitalisation and death.

Because of controlled script offered by the mainstream media, many parents are not yet aware that some governments - Canada and the UK included - are trying to banish the requirement for our consent as parents. In Canada, vaccine centres are offering kids ice creams while children are jabbed and protesting parents are held behind police lines.

In England and Wales, 'Gillick competence', is being used to get round the need for parental consent. This legal precedent allows a child to override a parent's decision and give their own consent to medical treatment, which can be done without their parents' knowledge. Gillick competence itself stems from a case about an adolescent girl who was prescribed the contraceptive pill without her parents' knowledge - and it's astounding that this precedent can now be applied to experimental medicines about which so little is known - not even by most adults.

You might also want to hear what another eminent scientist, Dr Robert Malone, the inventor of mRNA technology for gene therapy and vaccines had to say about bioethics in a [recent interview](#) with evolutionary biologist Brett Weinstein on his Darkhorse Podcast.

Like many of us, the three top scientists, Robert Malone, Brett Weinstein and Steve Kirsch – the latter from Trial Site News, who debated the issue for over 3 hours on Dr Weinstein's podcast are more worried about long-term, systemic complications from vaccines, not the short-term adverse reactions. That includes concerns about inducing autoimmune conditions as well as antibody-dependent enhancement or ADE – the severe reaction of the immune system that can happen when someone once exposed is exposed subsequently either to the vaccine or the wild virus. All of these kinds of effects can only be determined when years, not weeks, or a few months have elapsed.

We now know something that the regulators have known well before the vaccines were rolled out. That mRNA vaccines move beyond the site of injection and get into the circulation, accumulating in organs, such as the liver, spleen and ovaries. This knowledge changes everything. As do the data that show that the spike protein itself is far from the innocuous, immune system signal we were once led to believe. As the Salk Institute's found, the spike protein, whether from the virus itself, delivered in the vaccines or produced by human cells in the case of mRNA vaccines, is toxic to cells and tissues in its own right. It's the spike protein that does a lot of the vascular damage found in severe covid disease.

Put simply: This decision is not an easy one. It's not one that anyone should feel coerced to make on behalf of the world's most valuable resource – our children. The reality is that huge uncertainty abounds and it is disingenuous to suggest otherwise.

We all have a right to know what is and isn't known about these experimental vaccines and every parent has a right to choose to be 'better safe than sorry' — a maxim that's also encompassed in the precautionary principle.

Whatever your decision, let it be informed and respected. Who knows, facing the scorn and drip-feed from a multi-billion dollar PR campaign for the vaccine industry may be a small price to pay for the future of your children's health and the future of our species.

Speaking Naturally with Dan Astin-Gregory

Date: 23 June 2021

We have the Pandemic Podcast host in the hotseat talking about how the pandemic has now become endemic and what to do about it

Content Sections

- [Make Lockdowns History](#)
- [Watch the interview...](#)

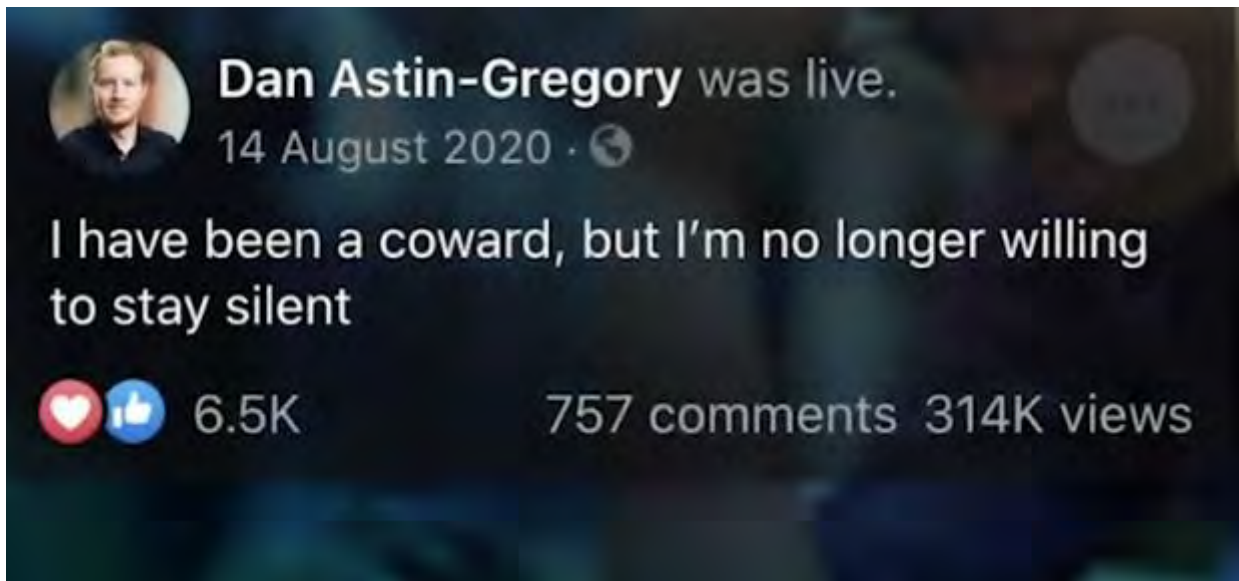
"There will never be transparency in the UK... The democratic process has completely flatlined"



- Dan Astin-Gregory

Dan Astin-Gregory of [Pandemic Podcast](#) fame joins Rob Verkerk PhD this week to 'speak naturally' on the extraordinary predicament we find ourselves in and how we should emerge from it. Given the success of the Pandemic Podcast, which has shot from a standing start to over 5 million views in just 8 months, you might think that Dan is a journalist. He isn't. Dan describes himself as an entrepreneur with a curious mind. His motto in life is "Question Everything", which has stood him in very good stead in his transition from entrepreneur to activist.

"Question everything. Don't accept things at face value. Look beneath the bonnet because not everything is as it seems."- Dan Astin-Gregory



The events of the last 15 months have triggered many people who never thought of themselves as activists to take a stand. Dan's trigger was the children (he's going to be a new Dad in September!). His inherent natural curiosity and desire to figure out how things work combined with his view that we all have a right to an opinion and a perspective, and a right to commentate on how this experience is affecting our lives, provided the necessary foundations. But it wasn't until he saw images of children isolated in bubbles, in perspex boxes and sitting in freezing classrooms having to wear coats because the windows were open that something inside him broke. Enough was enough and he found his courage to speak out.

"I'd struggled to start my own business and build up my reputation. To vocally speak out was a big decision... I had fears around it - what my clients would think, what my friends would think. But what I was witnessing was too big to sit on the sidelines and ignore."
- Dan Astin-Gregory

[Make Lockdowns History](#)

During the interview you'll hear Dan talking about an incredibly important event he's organising in London, on 17th July, entitled '[Make Lockdowns History](#)'. Don't worry if you live further afield, the event is being livestreamed for members of the public, but there are a limited number of guest tickets for the press and experts from sectors that can have an influence on major change.

This is the first summit to evaluate the global response to Covid19 with the main objectives being to review the response, look at various exit strategies and deliver a recovery roadmap to help accelerate a return to civil life. We're firmly in support of this event and Rob Verkerk will be attending on July 17th. Visit the website to [register your interest](#).

[Watch the interview...](#)

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London's biggest Unite for Freedom rally: the video

Date: 1 July 2021

Members of the ANH team joined a million others on Saturday 26 June calling for the respect of civil liberties and medical freedoms

By Melissa Smith, outreach & communications officer

It seemed only last week that I'd been to London to join [my first protest march](#) and what a march that was - I didn't think anything could top it, but I was wrong!

Saturday 26th June dawned a bit grey and dreary, but I was up early and ready to rock and roll as I was meeting new ANH Pathfinder Members and more of the ANH team at Hyde Park for the latest March for Freedom. Thankfully by the time I arrived, the sun was out and graced us with its presence for the rest of the day.

Hyde Park was literally a sea of people with more and more pouring in as the time moved towards 1:00 pm, the start of the march. We've tried to capture a flavour of the event in our video, but you only see a fraction of the messages that citizens came to share. We were struck by the passion, the creativity, the ingenuity, the warmth and the love through the overriding theme - Enough is Enough. Ad and marketing agencies eat your hearts out. The talent was out in London in force last Saturday!

There has been paltry, very downplayed, coverage in the mainstream media. What coverage there was has unsurprisingly chosen to only hone-in on the vaccine messaging. Let's be clear, this wasn't an antivax event, it was a freedom event. But understandably many were expressing their concerns over the rapidly increasing pressure to vaccinate children. Kids, who are at exceptionally low risk from serious and life-threatening covid-19 disease, with what continues to be a raft of experimental vaccines. Any platform for triggering critical thinking and fostering debate about actions that could have far reaching and serious health repercussions for kids, is OK in our book. Particularly given reports flooding in [from Israel](#), and now [the USA](#), of the heightened risk of myo- and peri-carditis (heart inflammation) in young people who've been vaccinated.

The carnival-like atmosphere might bely the serious undertone, but citizens were there to have their collective voices heard. To put a marker in the sand. Albeit a respectful, peaceful, joy-filled and loving marker. I've used the 'L' word twice because there is no other way to say it. The entire event was heart-fuelled and the compassion and empathy was tangible - as well as diverse. All cultures, all genders, all ethnicities and all ages, from babies in prams and bodyslings to the elderly.

The day ended where it began at Speaker's Corner in Hyde Park for a mass meditation which thousands came back to attend. It gives you a sense of the heart of a movement when it closes in a mass meditation. It was a good day and London can only have benefited from the outpouring of such powerful energy for so many hours from so many awakened souls.

I believe the next freedom march is on Saturday 24th July, which is actually a worldwide march, so look out for events in your city if you don't live in the UK.

We hope that the compilation of our footage, that Ismail in our media team has created, gives you a sense of the day.

<https://www.brighteon.com/5f1dd21b-21d3-48fd-9f38-aff3a1d0453f>

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Your Right to kNOw: Where the rubber meets the road

Date: 1 July 2021

Find out who is or isn't discriminating in our latest video

Content Sections

- [● Are you or a loved one facing discrimination? We may be able to help.](#)
- [● Members Q&A](#)
- [● Your Right to kNOw video: Where the Rubber Meets the Road](#)

Seven weeks after launching our collaborative campaign with our colleagues in ANH-USA, we're delivering a 9-minute video that tries to pull together some of the most salient points we've learned on our journey.

Along the way we've:

- **Published a 29-page White Paper with over 100 references** that pulls together the scientific and legal arguments for why discrimination according to vaccination or immune status is likely illegal in most countries.

>>> [View executive summary](#) (free of charge)

>>> [View full White Paper](#) (for nominal fee)

- **Argued that most covid vaccinations are likely illegal** because they are not administered with vaccinees being given an opportunity for properly informed medical consent
- **Produced seven videos:** [the first](#) to signal the campaign launch; [the second](#) to bring to life concerns over the mechanism, molecular mimicry; [the third](#) to expose the legal implications of discrimination on the basis of vaccination status; [the fourth](#) giving patient champions a voice; [the fifth](#) recording the views of expert champions; [the sixth](#) expresses concerns over the use of experimental covid vaccines on children, and; now [the seventh](#) (below) that in particular focuses on a selection of private companies and institutions which are – or are not – discriminating according to vaccination status.
- **Expanded awareness of the problems of discriminating according to vaccination status.**

We are now engaged behind the scenes with helping individuals overcome specific cases of discrimination in the hope that discriminatory policies by private companies or institutions will be reversed. We are very aware that such reversals of private or institutional policies may only occur following legal action, an approach that will be necessary if all else fails.

[Are you or a loved one facing discrimination? We may be able to help.](#)

Should you, or your children or loved ones, face discrimination on the basis of vaccination status that could lead to the loss of a job or the inability to enroll for education, we might be able to help. Please email us at science@anhinternational.org with the subject 'Discrimination' so that we can engage privately.

We're hugely grateful to all of you who have helped support this campaign both financially and by sharing our information and collateral. Please keep doing so – as discrimination will likely become more severe in the coming weeks and months and will only be reversed by coordinated, mass grassroots and legal opposition.

Members Q&A

Please note we're also convening our first live Q&A session for our [Pathfinder Members](#) (whether individual, practitioner, community or business) on Thursday 8th July at 14:00h GMT. If you're a member who isn't signed up to receive direct emails from us, you'll find a link to register for the webinar in the [Members Portal](#). If you haven't opted out of the mailing list, please check your emails as you have been sent a personal invitation.

Your Right to kNOw video: Where the Rubber Meets the Road

<https://www.brighteon.com/065a3604-0402-4bf0-90bb-39a866fe1ef7>

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From ‘Pandemic’ to ‘Pandemic of Variants’

Date: 1 July 2021

Second interview with vaccinologist Dr Geert Vanden Bossche

Content Sections

- [Should we be worried about ‘immune escape’ variants?](#)
- [Our second interview with Dr Geert Vanden Bossche](#)
- [The bottom line](#)

[Should we be worried about ‘immune escape’ variants?](#)

We interviewed vaccine scientist Geert Vanden Bossche PhD DVM in March – following some serious questions we had about his concerns.

Central to these was the notion that mass vaccination with the current crop of highly-specific, spike protein-targeted, experimental vaccines, might place an extreme form of selection pressure on the evolving virus. This could in turn accelerate the generation of ‘variants of concern’ or even produce a ‘super-variant’ that is both more dangerous *and* vaccine resistant. Dr Vanden Bossche’s cry was that all of this could lead to a scenario that might make what we’ve seen to-date look like a walk in the park.

At the end of March, we expressed the view that we should be cautious – on the basis of available science – in dismissing Dr Vanden Bossche’s potentially alarmist concerns.

Three months have now elapsed – and a tidal wave of infections and associated deaths has yet to manifest. Does this mean Dr Vanden Bossche got it wrong? Or is there another explanation?

[Our second interview with Dr Geert Vanden Bossche](#)

We decided it was time to ‘speak naturally’ to Geert van den Bossche again. Our video recording of the interview with our founder Rob Verkerk PhD follows.

<https://www.brighteon.com/af4fe15d-33a4-4023-a858-e2459b889fcb>

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[The bottom line](#)

Some of the key points to emerge from the interview were as follows:

- Dr Vanden Bossche argues that we are seeing ever more variants associated with the global mass vaccination program
- These are applying ever more selection pressure on a very specific area (the receptor binding domain) of the spike protein
- This evolution of immune escape variants causes incomplete sterilisation of the virus in infected people, offering ever greater opportunities for evolution under this highly specific immune pressure
- The consequence, as articulated by molecular epidemiologists, could be ever more variants (a 'pandemic of variants' – with a risk that more lethal, more transmissible and vaccine resistant variants will emerge). There's already ample evidence from the latest Public Health England data that ever younger populations are being affected and that transmissibility is increasing despite the northern summer conditions. Fortunately mortality so far associated with the delta variant (B.1.617.2) appears considerably less than the alpha variant (B.1.1.7 ['UK']) There's also an increased risk that mutants might emerge that enlarge the non-human host range
- Dr Vanden Bossche argues we're now in the 'calm before the storm' – all the signals that suggest the next wave in the autumn will present a greater risk are already in preprint scientific publications
- He believes mass vaccination should be stopped with immediate effect and he supports early treatment of symptomatic covid-19 patients with ivermectin and nutrients, as the [Frontline Covid-19 Critical Care Alliance](#) (FLCCC), the [B/RD Group](#), ourselves and numerous others have proposed for months
- He also advocates the avoidance of mass gatherings and need for entirely different vaccine technologies that reduce selection pressure and the risk of immune escape variants
- You can find out more about the views of Dr Vanden Bossche via his website.

The corruption of science through the suppression of dissent

Date: 15 July 2021

Examples from 3 continents emphasize the global nature of the problem

Content Sections

- [Censored: The man who invented mRNA vaccines](#)
- [Ridiculed: UK sociologist advising vaccination policy](#)
- [Victim of smear campaign: Canadian pro-vaccine viral immunologist](#)
- [Misrepresented and demeaned: David Martin PhD](#)
- [Common attributes](#)

There's something very wrong with 'the system' when any information or viewpoints from leading scientists or doctors that don't mesh with the mainstream narrative are ridiculed, marginalised or censored. But it's even worse than that. Careers and reputations are being decimated too, breeding a culture of fear that's presumably aimed at making the vast majority of influential voices toe the line – or be silent. The [suppression of dissent](#) is well known to work counter to the very notion of scientific progress. It's the breeding ground of dogma – and while it might benefit a few, it neither benefits science nor the majority.

There are few parts of the world that escape this tyranny against science. It's a global phenomenon. Every day we hear news of medical doctors losing their licenses because they've spoken out. This culture of fear has been rampant in many parts of the world, the [UK included](#), for over a year.

We offer you in this article five examples from 3 different continents that give some sense of the injustices we currently face as 'the system' attempts to justify at all costs the notion that novel, synthetic biology vaccines are the only option we have if we're to emerge from our current locked down and isolated penitentiary. That's irrespective of the fact the synthetic biology technology being used in the still-experimental front runner vaccines is so new it's never been tested at scale.

[Censored: The man who invented mRNA vaccines](#)

Robert W Malone MD is the inventor of mRNA vaccines. This hasn't always been appreciated, a fact that Dr Malone's wife of 42 years and co-worker, Dr Jill Glasspool Malone, attempted to put right [in an article a month ago](#).

Dr Robert Malone's 3-hour interview with evolutionary biologist Brett Weinstein, about which [we reported](#) has now been removed from YouTube. Now LinkedIn has deleted Dr Malone's entire profile, so sabotaging one of the most important platforms of connectivity used by any consultant. Worse, Wikipedia is attempting to [rewrite history](#) by [scrubbing out](#) Robert Malone as the inventor altogether.

Dr Malone's only sin was expressing concerns about global mass covid vaccination – concerns that are now labelled 'medical misinformation' by scientifically illiterate social media platforms.

Robert Malone - CEO, Analyst and Consultant ... - LinkedIn

Madison, Virginia, United States · CEO, Analyst and Consultant: Proposal Development, Clinical Research, Vaccines and Biologics · RW Malone MD, LLC

... RW **Malone** MD, LLC | The inventor of mRNA vaccines and RNA transfection, **Dr.** | 500+ connections | See **Robert's** complete **profile** on **LinkedIn** and connect.

Cached entry for Robert W Malone MD, now deleted from LinkedIn

Ridiculed: UK sociologist advising vaccination policy

British medical sociologist, [Professor Robert Dingwall](#), who sits on the UK's key advisory committee on vaccines for the UK government, the [Joint Committee on Vaccination and Immunisation](#) (JCVI), found the need to express his critical views on policies that include the roll-out of covid vaccines to children on his Twitter feed. You'll see what he was so keen to communicate below:



Robert Dingwall   Reunite

@rwjdingwall

I am seeing a lot of tweets about vaccinating UK teenagers and advocates getting air time in places like [@BBCNewsnight](#) As a JCVI member, I am constrained in what I can say right now. However, two things are worth considering (1/8)

11:04 AM · Jun 30, 2021 · Twitter Web App

2,496 Retweets **659** Quote Tweets **5,575** Likes



Robert Dingwall   **Reunite** @rwjdingwall · Jun 30

Replying to @rwjdingwall

The risk/benefit for teenagers must be firmly established. The UK programme has already been modified because the risk/benefit of AZ was not clear for 20 and 30 somethings. Teenagers are at intrinsically low risk from Covid. Vaccines must be exceptionally safe to beat this (2/8)

89

363

2K



Robert Dingwall   **Reunite** @rwjdingwall · Jun 30

Given the low risk of Covid for most teenagers, it is not immoral to think that they may be better protected by natural immunity generated through infection than by asking them to take the *possible* risk of a vaccine. (3/8)

136

427

2.3K



Robert Dingwall   **Reunite** @rwjdingwall · Jun 30

The pandemic will end through population immunity, whether from vaccination or prior infection. A last wave of mild infections in unvaccinated younger people may well be what we are now seeing. The ONS serology data are more important than vaccine uptake in assessing this. (4/8)



Robert Dingwall   **Reunite** @rwjdingwall · Jun 30

It is well past time to panic about infection rates and to publish them obsessively. Even hospitalization rates are increasingly misleading as better therapy reduces length of stay. Covid is now a long way from being an important cause of mortality (5/8)

32

361

2.1K



Robert Dingwall   **Reunite** @rwjdingwall · Jun 30

A reminder: medicine cannot deliver immortality and it is profoundly damaging to society to imply that it can, if only we try hard enough. We are all going to die one day - the question is when and how, not whether (6/8)

103

470

2.3K



Robert Dingwall   **Reunite** @rwjdingwall · Jun 30

I am particularly concerned about the calls for Covid measures to continue to reduce all respiratory infections. As Rene Dubos noted 60 years ago, humans, viruses and bacteria form an ecosystem which has evolved over millennia. (7/8)

32

375

2.1K





Robert Dingwall 🇩🇰 🇪🇺 Reunite @rwjdingwall · Jun 30

Surely we have enough experience of the unintended consequences of humans reshaping other ecosystems to suit their own ends not to rush into reshaping this one without really understanding what it would mean for human lives and immune systems (8/8)

140

433

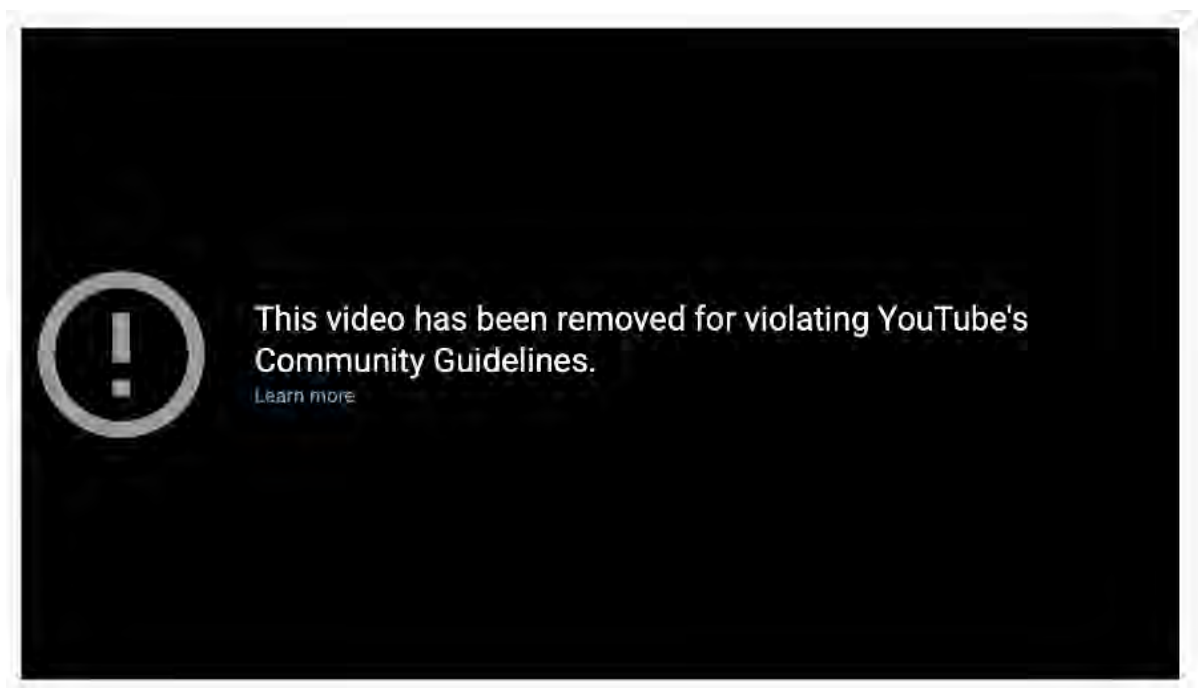
2.8K



This from a sociologist who has been [clearly pro-vax and critical of the anti-vax movement](#). His views were regularly reported in newspapers, but now that he's questioning the mainstream narrative, he's [now being ridiculed and marginalised](#).

Victim of smear campaign: [Canadian pro-vaccine viral immunologist](#)

Viral immunologist Dr Byran Bridle from the University of Guelph has been crystal clear over his general support for vaccination. Yet the unearthing of previously confidential data about the Pfizer covid vaccine caused him to share his concerns on YouTube. YouTube saw fit to label this as medical misinformation and removed the video.



Now, Dr Bridle has been the victim of a concerted smear campaign [designed to damage or destroy his reputation](#). A scientifically misleading website [has also been set up in his name](#) and is designed to discredit him. However, after taking some time to absorb the tidal wave of vilification, Dr Bridle is undeterred as you can see by [his recent video](#) about why masks don't work.

We are pleased to see a [robust open letter](#) in support of Dr Bridle with a significant list of professional and citizen signatures at the end of it.

Misrepresented and demeaned: David Martin PhD

Dr David Martin, chairman of M-CAM, has garnered significant notoriety after appearing in the documentary, [Plandemic Indoctrination](#). Since then, the fact checkers [have had a field day](#). Labelled a "*financial analyst and self-help entrepreneur*" who peddles conspiracy theories on YouTube misrepresents the seriousness of his day job and demeans a man passionately committed to ethical engagement. In fact, Dr Martin is [somewhat of a polymath](#). Amongst his many credits in service to humanity is the development of the world's top-three performing global equity indexes powered by his company M-CAM. He has a history of bringing white collar criminals to justice and never turning a blind eye, which is why he's been [waving a red flag](#) ever since the anthrax attacks of 2002.

Since 1998 M-CAM International has been the world's largest underwriter of intangible assets used in finance in 168 countries. Their underwriting systems include the entire corpus of all patents, patent applications, federal grants, procurement records, eGovernment records and more, so Martin and his team have the ability to track what's happening and who's involved in what's happening. His business is to monitor the innovation around the world and the economics of that innovation.

His [latest interview](#) with attorney, Reiner Fuellmich, is set to make him even more unpopular and should have the fact checkers in overdrive to try and discredit his evidence. Evidence in which Dr Martin shares 20 years of painstaking reviews on over 4000 patents, to demonstrate that we are living through a manufactured crisis.

Common attributes

From the well-funded [hatchet job](#) on [the Disinformation Dozen](#) to all those who who have been censored, deplatformed and marginalised over the past 16 months for not perpetuating the mainstream narrative, there are a number of commonalities:

- Usually expert in their field
- Well read, researched and even published
- Often outspokenly pro-vax prior to this crop of new injections
- Capable of critical, balanced thought
- Failure to cave in and change their position once the campaign to destroy their credibility ramps up.

May we all continue to take a leaf out of the same book and apply objectivity when faced with the new pseudo-religion called [scientism](#) and work hard to avoid the the kind of inertia responsible for accepting the 'new normal' without engaging critical minds.

Walk & Talk: Which rollercoaster ride are you going to choose?

Date: 15 July 2021

It's time to make a choice, and it's OK to choose a different track to the masses

In this week's Walk & Talk from ANH's founder, Rob Verkerk proposes that whatever choices we make, we're in for a rough ride in the weeks and months ahead, one he likened to a rollercoaster. But he also said those choices should make sense to us, and be ones that align with our principles and ideals. He stressed that those choices should not cause us to deny our inalienable rights or our relationship with nature.

From tyranny to transhumanism, and mRNA vaccines to Moderna's secret culture, Rob advises it's time to think and rethink everything we do. Or we might find ourselves on the wrong rollercoaster.

Check out his latest Walk & Talk below.....

<https://www.brighteon.com/9c7c30e8-07ad-409e-aa02-c77dd9a0a4c8>

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It's time for the world to celebrate, not denigrate, ivermectin

Date: 22 July 2021

Saturday 24 July 2021, World Ivermectin Day: a day to consider the potential of a natural product derivative that has the potential to end the coronavirus crisis

Content Sections

- [● Politicising health](#)
- [● Early ivermectin champions](#)
- [● Why has ivermectin been called a 'wonder drug'?](#)
- [● Roadblocks and censorship](#)
- [● World Ivermectin Day](#)

Ivermectin is proving to be the proverbial double-edged sword. On one hand, the ultimate poster child for a safe and effective preventative and treatment for covid-19. On the other, a dangerous, ineffective diversion from mass vaccination.



"We don't take anything down. We don't block anything. Facebook, and any private sector company, makes decisions about what information should be on their platform....Our point is that there is information that is leading to people not taking the vaccine."- JEN PSAKI, WHITE HOUSE PRESS SECRETARY (quoted in Epoch Times, July 17, 2021)

With more than 3 billion safe doses administered over the last 40 years, uncannily about the same number who've received covid vaccines in the last few months, it's a hard ask to try to block ivermectin on safety grounds. But it does pose a serious risk to the covid vaccine rollout if it's accepted as being effective because the emergency use authorisations (EUAs) have been granted on the condition that no other viable alternatives exist. That's the smoking gun for why ivermectin is so commonly in the cross-hairs of some of the most powerful governments, and why the media machine that's supporting the mainstream

narrative is working so hard to censor information about ivermectin's benefits in covid-19 prophylaxis, early treatment, late treatment and even 'long covid'.



"Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met including that there are no adequate, approved, and available alternatives..."- [US FOOD & DRUG ADMINISTRATION](#)

This Saturday, 24th July, is [World Ivermectin Day](#). We hope you can tune in and share the information. Given [the wealth of data](#) showing the benefits of ivermectin for prevention and also both for early and late treatment of covid-19, it's high time this movement came of age with more global recognition. The grassroots is being called on to force the life-saving information about ivermectin through the shackles and hessian sacking laid down by the censors. As the co-inventor of mRNA vaccine technology, Dr Robert Malone indicated [in a recent tweet, it is a noble lie to suggest "...these genetic \[covid\] vaccines are the only path available to herd immunity."](#)

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Politicising health

The politicisation of ivermectin is creating a bifurcation of its own. Dividing the medical community into those who support its use as a potentially lifesaving drug, and those who continue with the mainstream narrative, pointing to weak or conflicting evidence.

There [are now 60 studies](#) on ivermectin and covid-19. Because they're emerging so rapidly, only 39 of these are peer reviewed so far, involving over 11,500 patients and 408 authors. But there is no other substance, drug or vaccine known that can deliver the 88% improvement for prophylaxis, 75% improvement for early treatment and 43% for late treatment. Yet, the [BBC still sees fit to discredit](#) its therapeutic use in Indonesia by likening it to milk, [despite real world data](#) that shows otherwise.

On December 8, 2020, a [video featuring](#) Dr Pierre Kory of the [Front Line Covid-19 Critical Care Alliance](#) (FLCCC), went viral as he passionately called on the US government to prioritise the review of all the evidence on ivermectin's use and urgently issue guidance for its use. In his testimony, Dr Kory called ivermectin a "*miracle drug*". His pleas fell on deaf ears. The FLCCC team then [published a review](#) of the emerging evidence on the use of ivermectin, which was [promptly withdrawn](#) by *Frontiers in Pharmacology* after the journal said it contained unsubstantiated claims. Not to be beaten, the FLCCC team found another journal that was willing [to publish the study](#) in its entirety.

Early ivermectin champions

Having seen Dr Kory's testimony, Dr Tess Lawrie decided [it was time to stand up and be counted](#). Dr Lawrie has had an eminent career [as both a doctor and scientist](#), and founded the [British Ivermectin Recommendation Development Group](#) (B/RD) that's become a global leader in making the scientific and medical case for ivermectin in relation to covid-19.

But like Dr Kory and others who have spoken out, she found herself very quickly on the wrong side of the double-edged sword once she started backing ivermectin for early covid treatment based on emerging evidence. She too has been censored, vilified and deplatformed by social media.

For Dr Lawrie, it's about saving lives, not politics and she has risen to the many challenges she has faced over the last year. Rather than backing down, she co-authored, along with 6 other scientists or doctors, [a meta-analysis](#) which provided even stronger evidence for the effectiveness of ivermectin for the prevention and treatment of covid-19.

It's no surprise that the analysis is [now under attack](#) after a [preprint study supporting the efficacy of ivermectin was retracted](#) by Research Square "...*due to an expression of concern....*". Needless to say, the FLCCC and B/RD Group teams are [not taking things lying down](#).

Thanks to Dr Lawrie's efforts, and to the many others who have joined her, there is now a worldwide ivermectin movement led by B/RD and a growing number of informed citizens who understand why ivermectin can be such a useful addition to the medicine cabinet. We're proud, at ANH-Intl, to be [an affiliated organisation with B/RD](#).

Why has ivermectin been called a 'wonder drug'?

It's hard to swallow the position of most governments when people's lives are at stake. You would've thought that if there was a treatment available for covid-19 that's safe, effective, cheap and easily produced, governments would be racing to approve its use. Ivermectin has been readily available and used [to treat covid-19 since early on](#) in the coronavirus crisis in 2020.

It first came to attention in relation to covid-19 when researchers in Australia noted high doses of [ivermectin could stop replication of the SARS-CoV-2 virus in cells](#) in the lab. Desperate for something to deal with increasing cases of covid-19, South American countries began to use ivermectin. It is also an antiparasitic drug that is [also effective at modulating the immune system](#). Crucially, ivermectin [also has anti-viral effects](#), it can [bind](#)

spike protein and block the entry of viruses into cells, and it also has anti-inflammatory effects that help lessen the associated vascular damage often linked with severe covid-19 disease.

Ivermectin is a natural product derivative based on two major homologues, ivermectin B1a (>80%) and ivermectin B1b (<20%) avermectin derived from a bacterium found in Japanese soil, *Streptomyces avermitilis*.

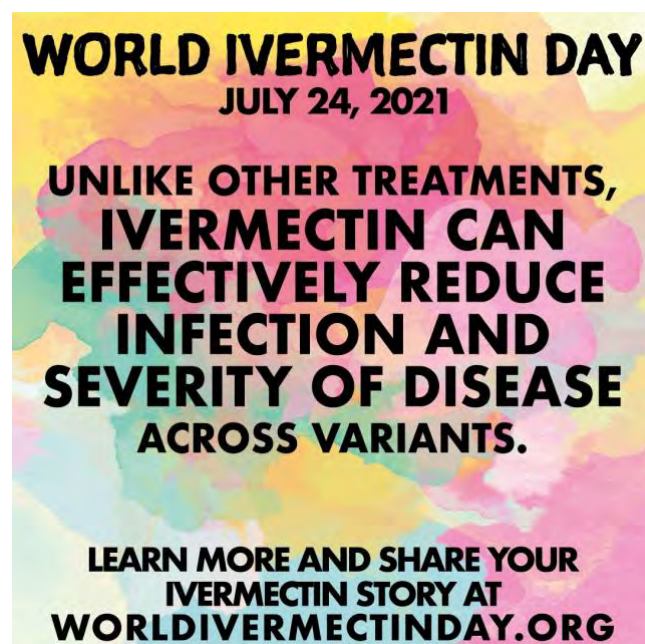
Originally hailed for its role as an anti-parasitic, the scientists who discovered both avermectin and natural anti-parasitic, artemisinin, shared a Nobel Prize in Physiology or Medicine back in 2015 with artemisinin, the active in sweet wormwood, *Artemisia annua*.

Until 2020, ivermectin was most well-known for its use against several parasitic nematodes and scabies and is the treatment of choice for onchocerciasis (river blindness). Through these uses in the tropics, it's also been found to be effective in reducing malaria transmission. It is also widely used in veterinary medicine, such as for roundworm in horses, and heartworm in dogs and cats.

Roadblocks and censorship

Far from being globally embraced, the information on ivermectin has consistently been suppressed by governments and health authorities since it started emerging early in 2020. Doctors and scientists calling for its use to be approved are being heavily censored, attacked and vilified. Even Dr Satoshi Ōmura who shared the Nobel prize for his work in co-discovering ivermectin with William Campbell, fell foul of the censors' axe for a video released as far back as 2015.

Although, once you understand how EAUs work, the suppression of positive ivermectin-related information becomes less of a surprise.



[World Ivermectin Day](#)

Given the pre-warnings of a tough winter ahead, we are all going to need to have as many tools in our health toolbox as possible. Ivermectin, it could be argued, could be among the most valuable, especially if future waves lead to more severe disease and vaccine breakthrough becomes commonplace.

On Saturday 24th July, please tune in to World Ivermectin Day and spread the word. It's now up to us as individuals to ensure this information goes viral, with or without interference by the censors.

For more information and to stay up to date with all the developments on ivermectin, please visit and re-visit:

- [The B/RD website](#)
- The ivermectin page at [@CovidAnalysis](#)
- [The ivermectin page at Frontline COVID-19 Critical Care Alliance \(FLCCC\)](#)

ANH Founder's Appeal: Human 2.0 wake-up call from nature

Date: 22 July 2021

The transhuman agenda has taken a step closer to reality taking human away from its roots in nature

Content Sections

- [Video transcript](#)
- To learn more about concerns over a transhuman future

We live at a time in which technology and biology are becoming ever less separate or discrete entities. Huge investment in emerging technologies such as gene editing, synthetic biology, nanotechnology, quantum computing and 3D printing will undoubtedly help to deliver efficient solutions to some of the world's many problems.

But when such technological development is controlled by those who see it as a necessity to overcome the limitations of the human condition – there is a real danger that its risks could greatly outweigh the benefits in specific applications. In fact, integration of synthetic DNA into a human being renders a 'person' non-human

Worldwide rally for freedom - one day - everyone together

Date: 28 July 2021

We share a glimpse into the global marches for freedom on Sat 24th July – that you won't have seen in mainstream media

Content Sections

- [Save the Date](#)

On Saturday 24th July 2021 citizens around the globe once again took to the streets in their increasing millions to protest against the ongoing removal of our rights, freedoms and liberties as the covid-facilitated crackdown continues. People in France, Greece, Japan, Lithuania, the UK, Slovakia, South Africa, Finland, Australia, Germany, the USA, Canada, Dominican Republic and many more came together as part of the third Worldwide Rally for Freedom. In London, our outreach & communications officer, Melissa Smith, represented the ANH team, along with some of our supporters.

Given that the real power lies with us, the people, we've collated footage from a selection of countries to illustrate the size, strength of conviction and passion of the 'awake', who are alive to the struggle we face to maintain our freedoms and create the change needed in our world. It gave us goosebumps, brought tears to our eyes and lifted our spirits. We hope it does the same for you and helps you know beyond a shadow of a doubt that together, we will prevail.

Music: [I Will Not Be Leaving Quietly by Five Times August](#)

Used with the kind permission of Bradley James Skistimas - [Five Times August](#)

<https://www.brighteon.com/08d16240-41d9-49f7-97e9-85efd090b4aa>

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Is medicine as we know it a dead duck?

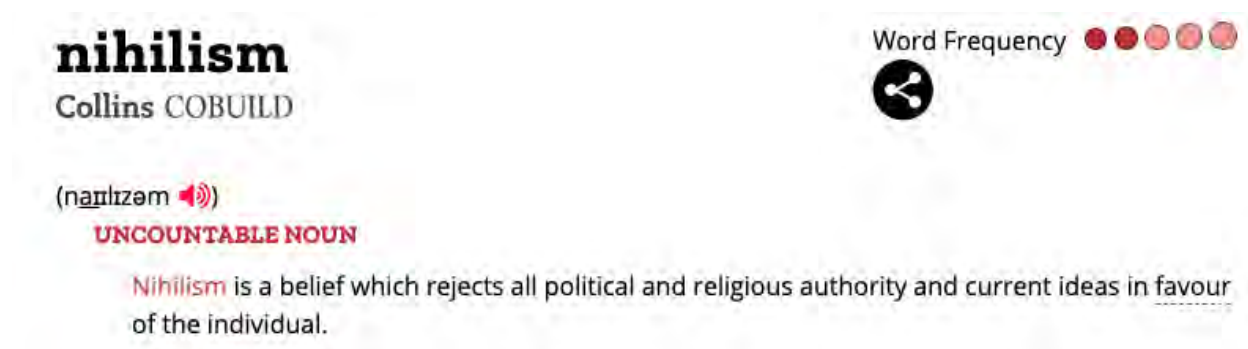
Date: 28 July 2021

Dr Ronald Hoffman & Rob Verkerk PhD interviewed by Tim Reihm on medical nihilism


Content Sections

- [The art of being sceptical](#)
- [Statistical gymnastics](#)
- [Gentle medicine](#)
- [Bring on the new paradigm](#)

Don't be put off by the word nihilism. It's what a lot of us have been doing for the past 18 months without necessarily acknowledging it so formally. In a lot of respects, you could say the process of nihilism is also a form of healthy scepticism stemming from an intuitive sense that something doesn't feel quite right. And when you 'smell a rat', you naturally start to question and investigate. Rejection of the authority perpetrating the narrative in favour of your own individual, sovereign, inner knowing is then a natural result when the two don't mesh.





nihilism
Collins COBUILD

(naɪlɪzəm )

UNCOUNTABLE NOUN

Nihilism is a belief which rejects all political and religious authority and current ideas in favour of the individual.

Word Frequency 


The past eighteen months has seen the scientific - and to a large extent the medical - rule book thrown out of the window. From the paucity of treatments for covid disease to the warp speed development of covid vaccines, to the abandonment of patients with many other serious conditions and the change to how deaths are certified and whether autopsies are conducted or not. It's quite clear that medicine is now the domain of politicians and big business using media platforms to nudge and coerce people into making decisions about experimental treatments that have the potential to harm, often against their own inner knowing and beliefs.

The idea that medicine is still underpinned by science is somewhat of an oxymoron. No longer is the patient the priority, as symptoms are matched to an increasing array of drugs and other treatments each, often, more damaging than the previous. Ideas which are further elaborated in Dr Ronald Hoffman's recent blog, "*Medical nihilism—an idea whose time has come*", – the trigger for this [livestream interview](#) given Tim Reihm's (ANH-USA marketing and communications director) long-held interest in the subject area.

"One of the first duties of the physician is to educate the masses not to take medicine"

- Sir William Osler, Aphorisms (1961)

The art of being sceptical

In his book '[Medical Nihilism](#)', the book that spawned Dr Hoffman's blog post, Cambridge professor [Dr Jacob Stegenger](#), argues that our confidence in the effectiveness of medical interventions should be low. This means we should apply a high level of scepticism to medical developments, particularly in the current climate.

Jacob Stegenger explaining medical nihilism in his own words

Interestingly for a medical doctor, Ron Hoffman kicks off with a statement that is likely to ruffle a lot of feathers, especially those who treat science like a religion - "*medicine is not actually science*". The notion that we apply strict scientific rigour to medical enterprises is erroneous. It turns out that medicine is influenced by many things - politics, the profit motive, vogues. The term medical nihilism means that we apply a certain level of scepticism to medical developments.

Yet, in today's current medical paradigm, researchers are rushing headlong into new developments, with many of the methods used to justify such developments being unscientific in terms of scientific reasoning. This doesn't mean that there are no effective medical interventions, just that we need to take a healthy, questioning, sceptical stance.

Rob Verkerk reminds us that we've forgotten that medicine is both an art and a philosophy. Greek physicians and philosophers such as Hippocrates, Socrates and Aristotle all recognised the importance of putting the patient at the heart of everything, but also about remaining sceptical of the outcomes of treatment. Not taking anything for granted and certainly not looking for the magic bullet we are so predisposed to think is necessary today. The scepticism of medical nihilism is healthy, as many medical interventions have little good quality science to support them and often cause more harm than good.

Statistical gymnastics

We're heading down a road increasingly reliant on a plethora of patented medicines and now the interplay of genetic sequencing, gene editing and synthetic biology. A major review of how we view and do healthcare is long overdue. Both speakers agreed that Stegenger's philosophy and approach is one of the first rational attempts to show the problems inherent in the current medical paradigm.

"It is simply no longer possible to believe much of the clinical research that is published or to rely on the judgement of trusted physicians or authoritative medical guidelines"

- Dr Marsha Angel, ex-NEJM editor

Randomised control studies are considered to be the gold standard for scientific research. Sadly, it's all too easy to introduce bias into such studies through torturing the data into saying what's wanted, non-publication (study bias) of studies that don't give the desired results or using a study population that doesn't represent the target group for the treatment. They rarely take account of real-world conditions and variables. We need to wear our medical nihilism helmets when looking at such studies as they're often driven by an agenda or narrative such as promoting a new drug or philosophy/vogue such as veganism, lockdowns etc. Albeit littered with noisy data, prospective observational studies are far more robust at measuring effectiveness of an intervention. If you start to see a positive effect, you know the data are much more robust as they rise above the noise of the variables.

"Randomised controlled trials are considered the 'gold standard', but there are ways to stack the deck and torture the data."

- Dr Ronald Hoffman, the Intelligent Medicine podcast



It's also all too easy for researchers to play with numbers to convince us that a particular treatment is efficacious. Too many healthcare professionals rely on journal abstracts for study results without recognising that it's often the university PR departments penning them, which is why they can bear little resemblance to the study outcomes and actual results.

Gentle medicine

Stegenger suggests we return to 'Gentle Medicine'. Described as, *"A therapeutic approach that relies less on heroic high-tech interventions and more on lifestyle modification with diet, exercise and social measures that invoke personal wellbeing"*.

"I recommend every medical student, every practicing physician, every person involved in health policy, every professor and educator involved with medical personnel, nurses... grab a copy of Medical Nihilism and take it in. Even if they don't agree with it because we need to have less buy in to the very aggressive medical marketing and techniques."- Dr Ronald Hoffman

At ANH, we refer to this as health creation - a way to regenerate and maintain health rather than manage disease as is the current paradigm. Having espoused the mantra, 'Love Nature, Live Naturally' for almost 20 years now, health creation and regeneration, the concept of salutogenesis, is the foundation to our Blueprint for health system sustainability. In it, through optimising function in all 12 domains of one's Ecological Terrain, chronic disease will become a rarity again, as it was for so many generations before us.

The system is so deeply broken and corrupted at the upper level that the solution has to lie with the grassroots. This is why the ANH exists. All of us who are a part of ANH care deeply about the future of humanity and recognise that human beings are of nature and from nature. This becomes particularly important as the fusion between humans and technology, transhumanism, picks up pace. Wake up to the reality. Empower the grassroots with information.

- Robert Verkerk PhD

Bring on the new paradigm

The politicisation, corruption and suppression of science around covid-19 has seen the safeguards, put in place over the last 40 years, discarded and removed altogether. Cameron Abasi, Executive Editor, *The BMJ* argues that when governments and politicians suppress good science, people die. He acknowledges that Covid-19 "...has unleashed state corruption on a grand scale and it is harmful to public health."

It is expected that medicine should be there to do good. We know magic bullets don't work. Health care needs to shift back to being about making fundamental change to the ways we live life. We all have so much more power than we realise in terms of the choices we can make about the food we eat and how we live our lives, our mission and purpose, and the influence that has on our health and the planet as a whole.

In Tim's closing he reminds us that we need to be sceptical, but not just to reject ideas out of hand. Healthy scepticism is a tool to further educate ourselves, so we can make better choices arising out of individual sovereignty that naturally benefit people as well as planet.

"This whole pandemic would not be as big a deal if we were healthy. That's a fact."

- Tim Reihm, director of marketing & communications, ANH-USA

Listen to the lively discussion between Dr Ronald Hoffman, Rob Verkerk PhD and Tim Reihm, Director of Marketing & Communications at ANH-USA, which was livestreamed on Thursday 22nd July 2021.

https://www.facebook.com/watch/live/?v=357516722647044&ref=watch_permalink

The silencing of dissenters

Date: 4 August 2021

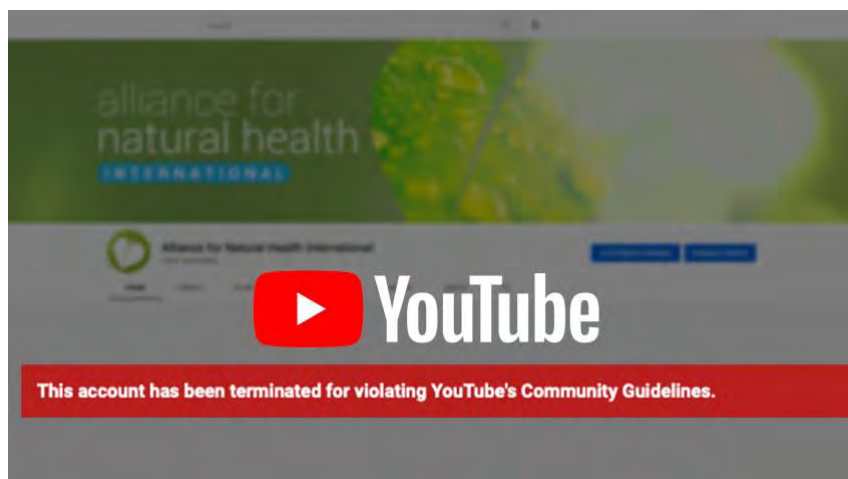
The stakes against 'misinformation' are getting higher every day

Content Sections

- [Free speech be damned](#)
- [How high will the stakes go?](#)
- [Medical authorities crackdown](#)
- [David and Goliath tactics](#)
- [Sovereignty our best protection against coercion](#)

We unfortunately must let you know that last night we joined the hallowed halls of 'the deplatformed'. As free speech in the West comes under ever greater threat, we have now come to accept that being cancelled from a social media platform is an ever more common occurrence, one that perversely almost comes with some kind of badge of honour if you're still confident, as we are, of the truthfulness, relevance and integrity of the information you have communicated publicly.

It's a concept that wasn't was part of our vocabulary until last year, but now it's just another addition to post-covid common parlance, along with lockdowns, tracking, tracing, pings and vaccine passports. Unsurprisingly, given its track record of blatant censorship over the last 17 months, the entity that meted out the deletion of our Alliance for Natural Health International channel was YouTube. The excuse for our third and lethal 'strike' was [the video we released last week](#) showing a compilation of factual, newsworthy clips from worldwide freedom rallies that took place on Saturday 24th July. Civil protests that are deliberately excluded from mainstream media attention. Peculiarly, YouTube claims the video violated its 'medical misinformation policy'. But there was neither medical misinformation nor any medical information in this video. Our team has watched and re-watched the video and are still reeling from the way a Silicon Valley tech giant has decided to override even its own guidelines. It seems the tech giants will do whatever they wish if they want information off their platform when it doesn't accord with the mainstream narrative they've signed up to arbitrate over.



We did see a single banner carried in protest bearing the word ivermectin on it and felt this might have been the excuse, probably one determined by a bot rather than a human. But that image was a reflection of a factual event, and it would be a pitiful reflection on freedom of expression if such protest banners were declared as 'medical misinformation' - especially when ivermectin has such a rapidly burgeoning evidence base (see [here](#) and [here](#)) to support its use for covid. We should never forget that peaceful protests have been central to delivering the relative state of freedom most of us in the West have long been able to enjoy - as well as being one of the supposedly protected, [inalienable human rights](#).

YouTube may be feeling all powerful at the moment, but it takes more than a press of a button to stamp out a freedom movement that's increasing exponentially on a daily basis. Practically speaking, and for the time being, it does however mean that you need to head over to [our Brighteon channel](#) to access our videos whilst we gather ourselves and regroup.

And please do share as many of them as you can in as many places as you can.

Free speech be damned

We have clearly reached that watershed moment where free speech — protected in the US constitution by the First Amendment — is routinely being violated by US tech giants. YouTube's deplatforming of the ANH-Intl channel was far from the first. Joseph Mercola's site at [mercola.com](#) has been viciously targeted and viewed as one of the major sources of so-called 'medical misinformation' by entities such as the [Center for Countering Digital Hate](#) and [the Vaccine Confidence Project](#). A closer look at the challenges typically reveals a pattern of Mercola simply relaying information that doesn't coincide with the narrative governments, the mainstream media and tech giants are trying to uphold.

Try as they might to silence those who are prepared to speak out and stand up against the culture of fear, intimidation and tyranny now pervading the globe, to deplatform, malign, cancel, defame and slander for daring to question the mainstream narratives, like the many headed hydra, we will just come back stronger.

Dr Joseph Mercola [circulated a poignant, heartfelt email yesterday](#), sharing something of the trials and tribulations he and his team have faced recently. Longtime natural health advocate, credited with helping millions of people over the last 25 years, Joseph Mercola, is now deemed to be the most dangerous purveyor of medical misinformation. Given the top position in the so-called '[Disinformation Dozen](#)', a label created by the UK-based Center for Countering Digital Hate (which puts out more hate than it seems to counter), Mercola is now in the sights of none other than Joe Biden and the US' 3 letter agencies. Following the [latest hate piece](#) in the *New York Times*, he announced today (04/08/2021) that he will continue to publish articles, but they will only be available for a [48-hour period](#). Just long enough for people to download and republish elsewhere! Guerrilla warfare at its best.

How high will the stakes go?

Barely a day goes by without news of yet more tyrannical restrictions and punishments for those choosing to stand up for freedom. The tone and tempo of the attacks on those speaking out has taken a sinister turn in recent weeks with the dial being turned up a number of notches in what seems like increasingly desperate attempts to silence those who stand for freedom.

Leading the charge is the newly formed [Global Coalition for Digital Safety](#). No prizes for guessing that the seemingly ever present, World Economic Forum, is [behind its creation](#).

An investigation by US-based organisation, Judicial Watch, has revealed the extent of the collusion between the Centers for Disease Control and Prevention (CDC) and Big Tech to squash anyone contradicting CDC messaging. The CDC's reward? Just a mere \$3.5 million dollars in free advertising [across social media platforms](#) to allow it distribute 'scientifically accurate data'.

The censor's axe is now extending to its mainstream media colleagues down under. Sky News Australia, operated by Australian News Channel Pty Ltd (ANC), a subsidiary of News Corp Australia, owned by media mogul Robert Murdoch, was banned from uploading content for a week by YouTube after old videos were reviewed and found to be a source of misinformation. Its digital editor, Jack Houghton, [has called the suspension a "disturbing attack"](#) on both human and media rights.

Veteran reporter, Alan Jones', regular column [has been pulled](#) by the *Daily Telegraph* due to his covid-19 commentary. In the US, Fox News and Tucker Carlson are coming under increasing pressure as people [are incited to sue them](#) for sharing information to allow people to make informed decisions about the coronavirus crisis.

In the Philippines, President Duterte [has warned](#) those who refuse to be vaccinated will not be allowed to leave their homes.

In Australia, [fines for not wearing a mask are being doubled](#) amidst calls for harsher penalties to be introduced for anyone found to be spreading 'misinformation' online.

News [has emerged](#) that Singapore authorities have taken things one step further with police now able to enter homes and business premises without a warrant to check people are following coronavirus restrictions.

Medical authorities crackdown

It's a calamity for the progression of science now that open scientific debate is considered 'medical misinformation' particularly when such debate [is being driven](#) by well respected, eminent, [scientists and doctors](#) globally.

Doctors from around the globe have been speaking out in ever greater numbers via social media, online and in the media as they start to deal with patients suffering side-effects following receipt of covid vaccines. Increasingly, numbers are losing their medical licenses for speaking out. As a result, the screws are being turned on doctors and healthcare workers to keep stum and cover up evidence of the harms of the covid vaccines so people will continue to line up for the covid vaccines, regardless of either their need or their safety.

In a move that's sent shockwaves through the medical community in the US, [the Federation of State Medical Boards has said](#) that any physician who expresses their concerns over covid vaccines will be in very real danger of being "...disciplined by state medical boards, including suspension or revocation of their medical licence" for spreading 'misinformation'.

In the UK, [Dr Sam White](#) and [Dr Iqbal Adil](#) have both had their licence to practise suspended after they, separately, spoke out against covid restrictions and questioned the safety of covid vaccines.

An Israeli doctor, Arieh Avni, [has permanently lost](#) his medical licence. Both Belgium's [Order of Physicians](#) and the [College of Physicians and Surgeons of Ontario](#) have said any doctor found to be spreading misinformation runs the risk of being suspended

In the US, respected cardiologist, Dr Peter McCullough, has [stuck his head well and truly above the parapet](#), risking his career and reputation to highlight his concerns around the covid vaccinations, particularly of the young. His previous employer has filed a lawsuit against him in what has been deemed to be a politically motivated act by Dr McCullough's lawyer.

The list grows ever longer by the day as appalled by all they're seeing and the realisation that the situation is far from what it seems to be, more and more doctors and healthcare professionals are speaking out, regardless of the consequences.

David and Goliath tactics

In Italy, [a group of MPs protested](#) against the introduction of the 'Green Pass' covid vaccine certification system by rushing into the centre of the chamber shouting and waving signs reading 'No Green Pass'.

France is bracing itself for [a wave of economy-crippling strikes](#) as French citizens say a very firm 'Non' to vaccine passports, following [a strike at a hospital](#) in Montelimar against mandated vaccination.



"There will be, in the next generation or so, a pharmacological method of making people love their servitude, and producing dictatorship without tears, people will in fact have their liberties taken away from them..." - Aldous Huxley

Sovereignty our best protection against coercion

The times we live in may seem dark, with the few rays of hope being extinguished by the day. Change is rarely easy or comfortable, but the emerging civil rights movement that is asking for the restoration of civil liberties and for covid-19 to be treated like any other infectious disease is growing stronger in response to the repression. More and more people are coming to the conclusion this isn't just about a virus.

We ask you to please take heart, because all is by no means lost. The more the crackdowns happen, the more people wake up to what the real, unspoken agenda is really about.

It's a self-fulfilling prophecy that will ultimately mean that freedom will once again be ours. The more they try to suppress the truth and the voices of those who dissent, the louder and stronger will be those voices, joined by others who wake to the outrage. The more of us who stand in quiet, determined, peaceful sovereignty, the more we create the world we wish to live in and leave behind for those following us. We have to stand up for and embody freedom in order to ensure its return to our world. Like our forebears did many times over to deliver many societies around the world we were happy, until very recently, to consider free, democratic and respectful.

Do you want to FORM-alise your COVID-19 injection exemption?

Date: 25 August 2021

Exemption forms available for download on new PROMIC website

Content Sections

- [What the forms are and are not](#)
- [Self- or health professional-declared exemptions](#)
- [Video transcript](#)

Through our collaboration with the [UK Medical Freedom Alliance](#), we have established an international umbrella organisation called [PROMIC – Professionals for Medical Informed Consent and Non-Discrimination](#). The main purpose of PROMIC is to develop and provide a portal for downloading printable ‘exemption forms’ with editable data fields that provide third parties with reasons for an individual’s decision to not choose COVID-19 injections.

[What the forms are and are not](#)

What the forms aim to do is facilitate a more standardised and streamlined way of helping those who’ve decided to not receive COVID-19 injections from communicating their exemption. This includes the significant numbers of people who have medical, but perhaps also philosophical or religious, concerns over administration of the new-generation, generally experimental, COVID-19 injections. These people are simply choosing to exercise their right to [medical informed consent](#) and hope to [avoid discrimination](#) because of their choice.

The health professional-declared exemption form is likely to carry more weight with some institutions, venues or businesses than the self-declared one – especially if signed off by a medical doctor. The form is designed to make the process for busy health professionals simple and quick, based on a prior knowledge of a person’s case history, circumstances and views.

The exemption forms aren’t any kind of magic wand. They don’t give any guarantee that someone with an exemption will be offered the same freedoms and entitlements as someone who’s been vaccinated. That’s made clear in the disclaimer on the [Exemption Forms page of the PROMIC website](#).

They are nothing more than a vehicle for communicating a person’s choice over the covid-19 jabs, and they may help to open the eyes of some businesses and institutions which are as yet not aware of the right to medical informed consent or the potential discriminatory effects of their actions.

[Self- or health professional-declared exemptions](#)

For launch this week, there are just two forms: one for self-declared exemptions (as [allowed for](#) by the UK government and the [NHS Covid Pass](#)), the other for health-professional-declared exemptions – both in the English language. A form for children under the age of 16

is in development and multi-lingual translations are in process. These will be uploaded to the PROMIC site as soon as they are ready.

Given the extreme pressure health professionals and especially medical doctors are under to fall in line with the global mass 'vaccination' program or otherwise face retribution often including de-registration – the PROMIC website deliberately does not identify individuals.

You can find out more about PROMIC and the forms from the PROMIC information video below that also takes you through how to use the self-declared and health professional-declared forms.

Please share widely with those you think might benefit from these forms. PROMIC aims to collect experiential data from the public – with the aim of documenting both positive and negative experiences.

Note: *You will see an advertising banner beneath our videos that play off the Brighteon platform (when they are not maximised). This advertising helps support the Brighteon platform that doesn't charge subscribers for their content, is committed to free speech, yet is also respectful of copyright-related law. We'd like to clarify that no advertising revenue from Brighteon is received by the Alliance for Natural Health Intl.*

[Video transcript](#)

You may have decided having a COVID-19 injection is not for you. You may have a genuine medical concern and your doctor or health professional has advised against having the injection. You might have a history of allergy or sensitivity, an autoimmune or neurological disease. Or you might just have a philosophical or religious reason for not consenting.

PROMIC – in long form, Professionals for Medical Informed Consent and Non-Discrimination – is a new umbrella organisation founded by two non-profits, the Alliance for Natural Health International and the UK Medical Freedom Alliance. Its sole purpose is to be a portal that provides downloadable forms, with digitally editable fields, that makes it easy for people to communicate their exemption with others.

We're formally launching on the 25th of August 2021 with just two forms in the English language, one that is for self-declared exemptions for those 16 or over, the other for health-professional declared exemptions. We'll soon have a form for the under-16s.

We're in the process of getting the forms translated into a number of other languages and these will be made available as soon as they're ready.

Let's look at each form in turn.

The self-declared form gives anyone you give the form to a bit a preamble explaining why some people need exemptions. It also reminds the reader that informed medical consent or freedom to choose medical treatments is a protected right in most parts of the world and

should be respected. People shouldn't be coerced into having treatments of any kind or face stigmatisation, discrimination or any kind retribution for the medical choice they make.

The three parts of the form that need to be filled out are in white. Panel A includes your own details that you can choose to give as much or as little as you want, depending on where you intend to use the form or how much data you want to share. Panel B is the key part – and you simply need to put a tick into whichever box applies. Then print your name, sign and date the form – and it's ready to go.

On the PROMIC website - there's a disclaimer put together by our legal team, that reminds you that expressing your exemption won't give you a magic wand that necessarily gives an unvaccinated person the same rights as someone who's been vaccinated. But in most parts of the world that have yet to legally mandate COVID-19 so-called vaccines, citizens have every right to not consent and not then not have their freedoms limited as a result.

The second form is one that's declared by a health professional. The health professional can be any health professional that's had a consultation with you and is familiar with your history and circumstances. In most cases, sign-off by a medical doctor, such as a general practitioner or family physician, is likely to have the most impact with third parties like institutions, venues or other businesses. This form is designed to make life easier for you – just like the self-declared form - but it's also to make things easier for busy health professionals.

Again, on the left side, there's a panel for your personal details that you can provide as much as you feel necessary. You may also find it useful to carry some additional form of identity in case the venue or business you're communicating your exemption to wants to check your ID against the form. The panel to the right is again another tick box exercise – but this time one for your health professional who knows your circumstances.

Finally – at the bottom – it's their turn to sign off, with details including their qualifications, registration body and signature.

If you have the option of using either form – you'll probably find that the health professional declared form carries more weight, especially if signed off by a medical doctor. But the reality is many governments – including the UK government at present – recognise the right to self-declared exemptions.

We hope you find the exemptions forms useful, and please come back to the site soon as we upload more forms. Please get the word out to those you think might also find them helpful.

Finally – we'd love to hear your experiences with the forms – both good and bad. Please email us at hello@promic.info.

Should you experience discrimination as a result of expressing your exemption, we may be able to help direct you to legal specialists who are working to protect our freedom to choose medical treatments without fear of reprisals or limitation of our protected rights.

Six questions you've been dying to ask

Date: 2 September 2021

We find data to answer some of your most common questions about covid-19, vaccines and our health

Content Sections

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So many people have so many questions – and yet there are so few answers. Some of this is down to the continually ‘moving feast’ of a disease called covid-19, that now includes long covid, spike protein disease and covid jab syndrome, a virus that is mutating aided by selection pressure from mass vaccination, the massive differences and changes in human response during the pandemic, and the ever changing climatic and environmental conditions.

Here we attempt to answer, using available data, six of the questions many of our members and supporters have been asking.

1. Is it true that most of the people who are dying or are hospitalised from covid-19 are unvaccinated?

There are indeed data that can be used to support this view – but behind those data are some serious question marks. A good example of this is the US Centers for Disease Control and Prevention (CDC) data from Los Angeles County (California) on [apparent effect of vaccination status on hospitalisations among those 16 years or over](#). On the surface it looks like covid-19 vaccines are highly protective against infections, with 71% of infections being found in unvaccinated people, 3% in fully vaccinated people and the remaining one-quarter in those partially vaccinated. But when you then see that the so-called “unvaccinated population” includes everyone who, for 1- or 2-dose vaccines, had the first dose within 14 days, those who have been vaccinated in a different state, as well as those who are genuinely unvaccinated, the data cannot be accepted at face value.

A more detailed dataset covering the period from 1 February 2021 to 15 August 2021 was released by [Public Health England \(PHE\) in its Technical Briefing 21 dated 20 August 2021](#). Here again, it looked like the unvaccinated in England were worse

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Why heroic bystanders are needed to extract us from the era of dissonance

Date: 2 September 2021

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By Rob Verkerk PhD, founder, executive & scientific director

If there's one thing we can all agree on it, it's the fact that covid-19 has become one of the most divisive issues in living memory. It's not that there haven't been others; two examples being the invasion of Iraq on the grounds of what turned out to be [non-existent weapons of mass destruction](#), or – right up to the minute – the manner of [Biden's withdrawal from Afghanistan](#).

Why division?

But covid-19 has become even more divisive than these and other recent issues for a number of reasons. These include:

- the disease itself or, even more so, the effects of policies relating to the disease, affect so many of us directly. These policies have interfered dramatically with basic human rights that many took for granted, such as freedom of speech, freedom of movement, and a right to a private life
- the policies that have been implemented over the course of the last 18 months seem neither to be the most rational nor do they always appear to be in the public's best interest, which has led to increasing levels of distrust in governments and authorities responsible for the policies, and
- the [fear generated by a paid-up media machine](#) around a new viral disease, that almost certainly was a product of gain-of-function research, has driven a coach and horses through citizens' ability to make their own healthcare choices, replacing it with a form of authoritarian, societal control that masquerades as public health.

The emergence of multiple co-existing camps

This division has caused the emergence of a plethora of different camps – among them the following 17 comprised of those who consider:

1. SARS-CoV-2 and the disease it can cause in some people, namely covid-19, to be one of the greatest public health threats to emerge and hence lockdowns, social isolation and mass injection with experimental vaccines indemnified by governments has been full justifiable *

2. The threat posed by the SARS-COV-2 is not sufficient to justify the extreme measures taken that have resulted in unnecessary and serious collateral damage
3. SARS-CoV-2 has a natural (zoonotic) origin but the intermediary species has yet to be identified*
4. SARS-CoV-2 is a patented virus that was made in a lab through gain-of-function research
5. the deliberate or accidental release of SARS-CoV-2 into the human population has provided a unique opportunity to instigate a new system of global governance on our planet (the 'Great Reset', as envisioned by the World Economic Forum)*
6. the virus SARS-CoV-2 does not exist in the wild as evidenced by the fact it has not been isolated, and it is not the causal agent of covid-19
7. the extreme censorship of what is described as medical or scientific misinformation has been necessary to ensure a maximum number of people follow guidance and measures instigated by governments and health authorities*
8. the extreme censorship of information that challenges or threatens those that control and profit from the pandemic amounts to a severe limitation of free speech, prevents scientific discourse and the emergence of consensus science, and is designed to protect the status quo
9. vaccination is the only intervention that can help us emerge from the current state of pandemic*
10. non-'vaccine' based interventions, such as addressing vitamin D deficiency, the use of vitamin C, zinc, NAC, quercetin and other nutrients, along with the use of repurposed drugs such as ivermectin or hydroxychloroquine, are central to our adaptation to the virus which will inevitably become endemic
11. injection of children with mRNA 'vaccines' is necessary to protect those who are most susceptible to serious covid-19 disease*
12. there are insufficient data that justify a favourable benefit/risk ratio for the mass injection of children with mRNA 'vaccines'
13. the current crop of so-called vaccines should more properly be referred to as forms of gene therapy
14. covid passports are a 'necessary evil' that will significantly reduce transmission of the virus between countries and continents and save many lives*
15. covid passports are an assault on personal freedoms that will in effect instigate a system of medical apartheid that will destroy businesses, livelihoods and contribute to mental and emotional ill-health
16. the era of mRNA technology, the platform used in the Pfizer and Moderna covid-19 'vaccines' has arrived, and represents one of the most important breakthroughs in medicine since the advent of antibiotics*
17. mRNA technology represents a slippery slope that will subsequently be used as a mechanism for population control or the generation of partly natural, partly synthetic human beings (transhumans or posthumans).

Note: those ‘camps’ notated with an asterisk are aligned with the ‘mainstream narrative’ as communicated by governments, most national or international health authorities and the mainstream media.

The reason these 17 camps (and there are many more) are able to coexist is because none are easy to kick into the long grass with unassailable evidence. In fact, reliable evidence is especially hard to acquire from public sources. However, they can be subdivided into ingroups and outgroups, the ingroups being the camps that align with the mainstream narrative (i.e. those 8 marked with an asterisk), the outgroups being represented by views that are discredited or censored as misinformation or marginalised as conspiracy theory despite an often compelling amount of substantive evidence.

Our efforts over these last months have revealed there is an ongoing effort by authorities to change the way metrics around covid-19 are reported in the public domain, making it very difficult to draw firm conclusions about the effects of different policies on disease prevention, progression or collateral impacts.

These different camps are from far from fixed, with people often moving from one camp to another depending on where they are on the unfolding timeline, what information they’ve been exposed to, and their current position on their own journeys of understanding of current phenomena. An eminent scientist friend of mine was supportive of the mass covid vaccination program until her grandson passed within 2 weeks of being injected. Her view changed after she saw how adamant the coroners and medics involved were to deny any possible role of the ‘vaccine’, as well as the willingness to dismiss an unexplained sudden death of a previously healthy 35-year-old and dispose of the body before a detailed pathological examination could be conducted. The devastating experience and knowledge gained from that experience changed her view.

Cognitive dissonance

The result of living in a world in which so many things don’t make sense to so many people is that a very widespread sense of [cognitive dissonance](#) has developed that results from the conflicting attitudes, beliefs or behaviours people feel forced to endure. People in this state are less and less able to make decisions that they feel are the right actions based on rational, objective thought, information or common sense.

They are then liable to feeling trapped and the survival instinct gets drawn into finding a way out. To resolve the dissonance, many resort to just going with the flow, that flow often comprising people who have largely bought into the mainstream narrative, that covid-19 is a massive existential threat and demands extreme, [authoritarian-style](#) public health policy.

They may recognise that something appears wrong with the narrative, in part because there is little in the way of robust evidence that the policies are working well for any significant duration.

Equally, they also often feel they have no option but to block out the information that doesn’t resonate with them. They become desperate to move on and regain the lives they feel they’ve lost. It’s the only way they know of to reduce the uncomfortable dissonance that would otherwise exist within them and drive them crazy.

Emerging from dissonance

Ultimately, we will find that bending in the face of coercion or simply following others in the hope that you will be able to live as normal a life as possible is not a long-term solution. That's being a passive bystander and history tells us that that's one of several factors that leads to the kind of disruption to healthy societal function that leads to atrocities and crimes against humanity.

Remember how lockdowns were meant to be about preventing health services from being overrun? Or how vaccines issued to 60% of a given country would be sufficient to achieve herd immunity so that citizens' lives could return to normal? Or when we were told that vaccine passports would never become a thing?

Eighteen months or so on – people are so worn out, they're becoming more compliant. A very large number of people are willing to become passive, compliant bystanders – in the knowledge that there is extensive government overreach, cronyism, corruption and probably even the commitment of crimes against humanity by those controlling the handling of the pandemic. More and more are willing to accept what's on offer even if it doesn't really make sense to them. Anything else would mean aligning with the outgroup and that would make life impossible to bear. These are treacherous conditions and many are simply unaware of what could happen if we don't rebalance societal function soon.

This is when it's worth thinking about the conditions that have led human beings in the recent past to commit crimes against humanity, including genocide, such as during the Stalin era, or in Nazi Germany's Holocaust, or in Rwanda, Cambodia, Darfur, Bosnia and other places.

Learning from previous crimes against humanity

In trying to understand better why humans beings sometimes engage in horrendous acts of cruelty or violence against their fellow species, I was drawn to one of the most eminent researchers in this field. His name is Dr Ervin Staub, now an 83-year-old Professor Emeritus at the University of Massachusetts Amherst.

He was himself a Holocaust survivor, growing up in a Jewish family in occupied Germany during WW2. It was a heroic bystander who saved his life as a 6-year-old child, catapulting him into a lifelong study of the drivers of genocide, torture and terrorism. He's translated the fruits of research to real world settings, including helping the victims of torture in Rwanda and training police in the aftermath of the Rodney King and, more recently, George Floyd killings.

I was particularly drawn to one of Dr Staub's key works that summarises key conclusions drawn from a number of talks and lectures given by himself and other international experts in the field back in 1981-2. The paper was published in 1985 in the journal *Political Psychology* and entitled 'The Psychology of Perpetrators and Bystanders'.

The paper attempts to answer the question of why governments and powerful groups engage in crimes against humanity, in particular trying to understand the conditions that contribute to these atrocious behaviours.

A read the full paper (such as on [Sci-Hub](#), disturbingly, reveals that many of the conditions described by Staub are developing during the current conditions of pandemic.

Among the key prerequisites are:

- Difficult societal (life) conditions that act as sources of aggression and cruelty
- Division of populations into ingroups and outgroups, or into groups of *us* and *them*, usually with the devaluation of *them*
- The use of derogatory labels for the outgroup "to create antagonism and prepare people for action against those so labeled"
- Scapegoating i.e. targeting or blaming identified or imaginary groups, often with no valid evidence, for the bad situation facing society
- Ideology – creating a vision for a future, even if it might seem untenable, that gets people to fight or demonise others, and take risks and overrule pre-existing moral codes to achieve it
- Repression of freedoms
- Discrimination against outgroups
- Propaganda

You don't need me to relate any of the current circumstances we face against the above as the relationships are so obvious. But it will serve us to recognise that despite us being 18 months into the pandemic, we are now in a much more dangerous place than we were given how human beings are increasingly relating to one another.

This stopped being about a virus a long time back.

Finally, Dr Staub draws the reader back to his lifelong passion, that saved his own life. The bystander. When bystanders remain passive or silent – that's when the atrocities occur – in plain sight, appearing acceptable to the ingroups.

It is only when active, or even heroic, bystanders jump in and interrupt the process that the perpetrators – both direct and indirect – can be held accountable, so stopping the spiral into social disaster.

Let's understand why some are working so hard to divide us – using the oldest trick in the book, the cover of which reads 'Instruction Manual for Crimes Against Humanity'.

Let's turn ourselves into an army of what Staub describes as active or heroic bystanders, and turn this thing around. It's our best chance for a future of true, not imagined, hope.

[Watch the video](#)

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Covid coercion pushback gathers momentum

Date: 8 September 2021

We've gathered together a cornucopia of examples of people power rejecting brutal covid restrictions that you're unlikely to see in the mainstream media anytime soon

Content Sections

- [The legal route](#)
- [Covid mandates opposition](#)
- [Businesses against discrimination](#)
- [People power across the globe](#)

Listen to, read or watch mainstream media reports and you will be forgiven for thinking that there's nothing that can be done to stop the onslaught of continued coercive restrictions on our previously hard won liberties, rights and freedoms. Mandates are being imposed on those unwilling to be injected with experimental covid injections. The ability to conduct basic everyday tasks removed by the need to 'show your papers'. The World Health Organization is now [getting in on the act by offering 'guidance' to countries](#) wishing to introduce digital surveillance on its citizens. In the US, [the Department for Homeland Security has labelled opposition to 'covid measures' as a terror threat](#).

Fear not! Opposition is growing daily as can be seen by the multitude of lawsuits and pushbacks now happening on a daily basis. Protests continue to occur around the world from [Europe](#) to [Australia](#) and beyond as citizens stand up and say 'No' or '[Enough is Enough](#)'.

Needless to say there is little to no mention of any such pushbacks in the mainstream media as the powers-that-be scramble to hold onto any semblance of control that was once thought inevitable.

The legal route

Canadian organisation, [Police Force on Guard](#), in conjunction with constitutional lawyer [Rocco Galati](#) of the [Constitutional Rights Centre](#) (CRC) has [launched a lawsuit](#) against the federal government's decision to mandate covid injections for all federal employees. The CRC has also filed [a comprehensive challenge](#) against covid measures along with [Action4Canada](#) and other plaintiffs, in British Columbia and is currently preparing an injunction against 'vaccine passports'.

Ontario premier, Doug Ford, [said he will not introduce vaccine passports](#) as it will create a split society. That sentiment lasted little more than a day or so before it was announced such requirements would be forced on Ontario residents resulting in the Justice Centre for Constitutional Freedoms declaring [they are looking closely](#) at launching an action to prevent the introduction of such measures.

A grassroots organisation, [Human Rights Ecuador](#), that promotes medical freedom has [beaten back the threat](#) of vaccine mandates in the Loja Province, in Ecuador. Its action

resulted in the vaccine mandate being dismissed by the Loja Ombudsman's office as it was considered to be unconstitutional.

An emergency mask mandate that discriminated against unvaccinated US citizens has been repealed [following a court challenge](#) by vintner William Ouweleen, supported by the Children's Health Defense.

In New York, [Teachers for Choice](#) has come out against forced covid injections stating it's planning to take legal action against the decision by to mandate injections by mayor Bill De Blasio. The move comes as other labour unions in the City also speak out against such mandates in order for people to keep their jobs.

An administrator at Michigan State University (MSU) who has naturally acquired immunity from covid-19 infection [is taking to court](#) after she was threatened with disciplinary action and potentially termination by MSU, if she does not agree to be injected. Sadly the court [rejected her claim](#). However, Todd Zywicki of George Mason University has been [granted a medical exemption](#) on the grounds of natural immunity having recovered from covid-19 after he sued the University.

As Australia tries to [tighten its stranglehold](#) on its citizens, legal challenges are being prepared and filed across the country. Australian legal team Ashley, Francina, Leonard and Associates is [behind a legal challenge](#) to mandatory covid-19 injections for New South Wales citizens. The lawsuit seeks a declaration that public health orders are invalid along with a ban on any further orders. Also in NSW, [a class action](#) is being prepared against the Federal Government challenging lockdown rules and vaccine mandates. Another legal team [are seeking to hold the Victorian government to account](#) for the way it's managed the coronavirus crisis, asking the Supreme Court to review whether emergency powers have been abused and seeking a 'compliance audit' as to the fitness of PCR tests for use to 'diagnose' covid infections.

The introduction of vaccine passports to New York City will result in African American New Yorkers being more likely to be [discriminated against](#) due to the high levels of black and Hispanic residents who remain unvaccinated. A fact that has led America's Frontline Doctors [to file a lawsuit](#) opposing the introduction of vaccine passports on the grounds it's racist and illegal due to its "disparate impact" on Black Americans in the City.

A judge in Nigeria [has slapped an injunction on Edo State Governor, Godwin Obaseki](#), after he tried to [ban unvaccinated](#) people from attending church or the mosque and prevent them from accessing their bank account.

Oregon police officers and firefighters are banding together to fight vaccine mandates. In [a recently filed lawsuit](#) they argue that the mandates conflict with a number of laws and should be blocked.

Around 50 nurses, doctors and other employees of the Henry Ford Health System in Detroit [have filed a lawsuit](#) claiming mandated injections violate their right to bodily integrity. They have also [filed a motion](#) for a temporary restraining order to prevent Henry Ford from bringing in the mandate.

Covid mandates opposition

Many universities and colleges are now requiring students and staff to be vaccinated in order to be able to return to campus. After the University of Waterloo in Canada sent an email requiring vaccination by all staff and students, [an open letter was sent to the university](#) declaring such mandates unlawful. The letter has been signed by parents, staff and students alike all of whom oppose forced injections.

Toronto, Canada saw a courageous Police Constable [send a legal notification](#) to her Chief of Police to stand up for her rights to choose not to be injected.

In Los Angeles, hundreds of firefighters and police officers have come together [under the banner of Firefighters4Freedom](#) to [oppose mandated injections](#) brought in by the City Council. The *Los Angeles Times* [reports](#) that municipal employees are also opposing the mandates.

Australian member of parliament, Craig Kelly has introduced a new Bill to the NSW parliament pushing back against mandated injections - No Requirement for Medical Treatment (Including Vaccination) Without Consent (Implementing Article 6 of the Universal Declaration on Bioethics and Human Rights) Bill 2021. [In a stirring speech](#), he reminds people of the privilege living in Australia brings in terms of freedoms and liberties. It was no surprise that [the motion was dismissed](#), but Craig Kelly continues his fight for those who elected him, along with the rest of Australian citizens.

Thousands of French citizens [took to the streets once more](#) to demonstrate against the health pass that has been imposed on them.

Canadian premier, Justin Trudeau, who is currently seeking re-election, [has been forced to cancel a rally](#) due to growing protests against the draconian restrictions brought down on Canadian citizens.

Across the US, Just Say No protests are being [organised by the Tea Party Patriots](#) to stop medical mandates.

We for Humanity has [published an open letter](#), written and signed by survivors and their descendants of the Holocaust, that speaks out against the covid injection programme due to the number of people being harmed following injection. The signatories of the letter call for “...*this ungodly medical experiment on humankind*” to be stopped immediately.

In a win for people power, two legal actions in [Yvelines](#) and [Haut-Rhin](#) in France are reported to have resulted in judgements that rescind the need to present a health pass to enter supermarkets.

Australian truckers protesting against mandated injections have forced the South Australian government's hand by [blockading motorways](#). The government has dropped the mandates in a move that just goes to show how powerful people are when they work together.

Businesses and even government agencies in Florida who ask for proof of vaccination could face a \$5,000 fine after Governor De Santis signed a bill banning such requirements into law earlier this year.

Businesses against discrimination

A directory of UK-based businesses has been set up for the 'awake community' and to push back against the discrimination being forced on people by authoritarian governments.

With the introduction of covid passes in Ontario imminent business leaders who believe such requirements are unconstitutional and again peoples protected Charter of Rights and Freedoms in the region have come together to form 'No Health Passes'. These are businesses in Ontario that will not discriminate between individuals based on their medical status.

People power across the globe

On Saturday 18th September 2021, people around the globe, including us here at ANH, will be standing Together to say Enough is Enough. At the last count, 150 cities across 45 countries worldwide have pledged to stand against the tyranny being rained down on them by authoritarian, misguided and sometimes corrupt leaders in the name of the phenomenon called COVID.

If we all stand together and educate those who have yet to understand what is really going

Introducing the ENOUGH movement - are you in?

Date: 8 September 2021

Using a single word sentiment as a mechanism for profound change in our world

Content Sections

- [The time is now, the power is ours](#)
- [Breaking free - we are ENOUGH](#)
- [Join the Enough Movement](#)

How many times have you said “**enough is enough**” or thought, “*I’ve had enough of all this*” during the past 18 months? Well, you’re not alone. Not by a long shot.

This week a new global movement has launched - the [Enough Movement](#). Initiated by US-based non-profit organisation, [Millions Against Medical Mandates](#) (MAMM), it’s a global platform set up so that we can create solidarity and profound change in the world through the single unifying sentiment, ‘**ENOUGH**’. A word that’s in the hearts and minds of so many. Together we really are **ENOUGH**. We just need to come together to connect, collaborate and create unity. Our numbers are far greater than the forces that wish to divide us. The best antidote to isolation and aloneness is community, shared purpose and unity.

“We ARE enough. Once we remind the world of that fact, we will be able to bring the world back to a place of humility, respect, support and perseverance.”

- enoughmovement.org

[The time is now, the power is ours](#)

ANH-Intl is getting behind this movement because we believe that we have the greatest opportunity now to create a better world; and that the future is all about empowered community action arising from a common sentiment and united purpose with the highest respect for people and planet. **ENOUGH is ENOUGH**.

Creating a global community of '[heroic bystanders](#)' is essential if we are to emerge from the [crippling cognitive dissonance that exists](#) and put an end to these crimes against humanity. Are you joining us?

[Breaking free - we are ENOUGH](#)

The Enough Movement's official video is a salient reminder of the 'boiling the frog slowly' nature of the past 18 months. Three weeks to flatten the curve... Just look at what we've all been subjected to since the start of the pandemic.

https://vimeo.com/600358941?embedded=true&source=vimeo_logo&owner=62908606

A few of our stand-out 'enoughs'

Media Corruption - A group of [30 UK-based mainstream journalists have said enough is enough](#) when it comes to reporting standards on covid-19. They claim there's been a lack of context for statistics, and insufficient balanced reporting on the costs of lockdowns, coverage on alternative treatments, scrutiny of PCR testing and attention to adverse vaccine reactions. They have also criticised the UK media for inducing fear and helping to foster a hostile environment for those who choose not to have a Covid-19 vaccine.

Censorship - the fact that the hitherto unknown word '[deplatformed](#)' is now part of common parlance is testament to the disappearance of freedom of speech and the abolishment of open discourse and scientific and medical debate. Liberties and basic human rights that we thought were secure and enshrined in democratic constitutions. We joined the hallowed ranks of the deplatformed when [YouTube deleted our account](#) in early August.

Mandates - individuals are being punished for their medical choices for the first time in history with the powers-that-be pushing for a two tier society where discrimination, shaming, excluding and dehumanising is the order of the day. Many of these mandates have no legal power whatsoever with governments inciting [private companies](#) and [the legal system](#) to do their dirty work regarding mandates.

Big Pharma - We could write a number of books on this one, but will draw your attention instead to two words — [Vaccine transparency](#). A fact we highlighted as early as April 2020 and for which there remains a total lack of transparency.

Hypocritical leaders - Cronyism abounds. Boris' government [has excelled at supporting friends and family](#) whilst citizen's businesses have gone to the wall, children are starving, suicide rates have shot up, social inequalities have increased exponentially and now food shortages and the threat of another lockdown threaten to bring the country to its knees.

Gaslighting - the best example being the extremely well-funded campaign meted out by the so-called Center for Countering Digital Hate against the '[Disinformation Dozen](#)'. Their crimes? Questioning the mainstream narrative and having very large followings that are also questioning the mainstream narrative.

Racial divide - With almost half of whites in New York City being fully vaccinated, as against a third of African Americans and under 45% of Hispanics, it's clear the effect that [De Blasio's 'Key to NYC Pass' programme](#) will have when it becomes mandatory on 13 September.

Manipulating data - the mainstream media has continued to fuel mass hysteria since the start of the pandemic with manipulated data. Throughout, we have [repeatedly attempted to right the data wrongs](#) perpetrated by governments and the media alike, but the massaging and manipulation of data continues unabated today. It's a travesty of science that cannot be allowed to continue.

Ignoring mental health - The coronavirus crisis has had a devastating effect on children's mental health. In the US, suicide related emergency hospital visits by young women aged 13-17 years were significantly higher than the same months in 2019. Publishing in *JAMA Psychiatry* researchers [found a nearly 30% increase](#) in the presentation of children with no previous history of mental health issues or suicidal ideology in the emergency room. In Australia, [a petition has been launched](#) that spotlights the huge increase in mental health issues being suffered by children due to the crisis and its interventions. The number of UK children under the age of 17 being prescribed antidepressants [increased by 26% as a result of coronavirus lockdowns](#) according to a study published in *The Pharmaceutical Journal*.

Forcing people to die alone - Last year hospitals the world over closed their doors to visitors, separating patients from family and friends. Bereavement services delivered with as little human contact as possible has become the norm. Reports of families denied access to dying family members has sadly become so commonplace that many have become desensitised to this inhumane and needless suffering. A [key paper on death and dying in the BMJ last April](#) drew attention to the major societal wrong of letting people die alone or leaving a death unmarked. Yet, in many countries not much has changed more than a year on.



"The Enough Movement will develop a community bigger than what has ever been built before. Through this community we will all become empowered, establish purpose, unite in simultaneous action and create the positive change we all know is possible."

- Millions Against Medical Mandates, Enough Movement launch

[Join the Enough Movement](#)

Because:

- Our personal choices are enough
- Our parenting decisions are enough
- Our intuition and wisdom are enough
- Our beliefs are enough
- Our questions are enough
- Informed consent is enough
- WE ARE ENOUGH.

Use the **#enoughmovement** and **#enough** hashtags.

Bold the word **enough** when you use it.

Place a thin yellow line on your social media photos.

Get with the **#enough** program.

>>> Visit enoughmovement.org sign up today

What the mainstream isn't telling us about the pandemic

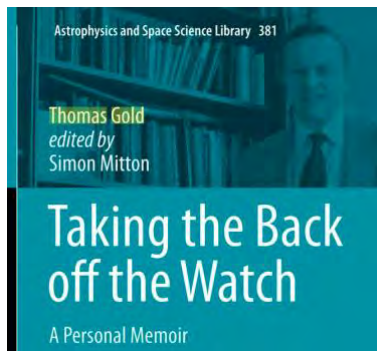
Date: 8 September 2021

Inspired by Mercola's interview of Mikovits and Seneff, ANH founder Rob Verkerk PhD explores disturbing scientific evidence around SARS-CoV-2 and related injections

Content Sections

- [The Mikovits and Seneff firehose turned on by Mercola](#)
- [Interpreting the firehose's output](#)
- [Key points \(in plain English\) – with supporting independent scientific evidence](#)

By Rob Verkerk PhD, founder, executive & scientific director



"It's like religion. Heresy [in science] is thought of as a bad thing, whereas it should be just the opposite."

- Dr. Thomas Gold, astrophysicist, member of US National Academy of Sciences, and Fellow of the Royal Society (London)

Being a scientist means keeping an open mind.

Sadly – one of the biggest casualties of the pandemic has been science. Politics and economics, both of which inexorably linked to establishing a new, authoritarian way of running planet Earth, seem to have got in the way.

I am deeply saddened by the fact that so many brilliant scientists and doctors have been side-lined in the name of maintaining allegedly 'honest', 'transparent' science. Especially when so much dishonest, distorted, manipulated, paid-for and corrupt science now tries to masquerade as real science.

[The Mikovits and Seneff firehose turned on by Mercola](#)

As an open-minded scientist, it was with great pleasure that I dialled into Dr Joe Mercola's interview of two scientists, the works of which I have long followed. Like Mercola himself,

both scientists have been unfairly castigated by the mainstream media, significant parts of the scientific community, so-called 'fact-checkers', and other alleged misinformation exposers, such as the [Center for Countering Digital Hate](#) (CCHD) (that seem to be experts in inciting hate). It was reassuring that [CCHD's report](#), that positioned Mercola in top spot among 12 of the leading, so-called 'anti-vaxxers' (labelled the "Disinformation Dozen"), was construed as carrying a ["faulty narrative"](#) by Facebook, itself a leading censor.

The two scientists interviewed by Mercola are none other than Judy Mikovits PhD and Stephanie Seneff PhD. To escape the censors, Mercola puts his content up [for just 48 hours](#) so by the time you read this it might have disappeared. But you can find the transcript and you might find the interview via an internet trawl. (Update: you can watch the interview [here](#))

>>> [Download transcript of Mercola interview of Mikovits and Seneff](#)

In his preamble to the interview, Dr Mercola describes the interview as akin to "drinking from a firehose" and recommends you listen to it more than once to allow you to help absorb the pearls.

[Interpreting the firehose's output](#)

While you can read the transcript (above), I wanted to pull out some of the key points that emerged in terms of their relevance to the very complex healthcare decision many people have already made, or are in the process of making, presenting these as best as I can in plain English. I have interpreted what I consider to be best science on the subject, perhaps placing a slightly different emphasis than that used by Drs Mikovits and Seneff, but talking to the very points they make in the interview.

Big News! World Council for Health launches this week

Date: 15 September 2021

ANH-Intl joins new umbrella to give the public honest, truthful and non-misleading information about health in the covid era

Content Sections

- [Making introductions](#)
- [Why this initiative is so needed right now](#)
- [Further engagement](#)

As a founding affiliate of this new coalition, we're thrilled to announce the imminent launch of a new, leading non-profit, delivering proven solutions to improve the world's health. The [World Council for Health](#) (WCH) has been set up to make the latest information on cutting-edge covid-19 treatment and prevention available to citizens the world over.

Making introductions

[WCH](#) is a global coalition of independent doctors and forward-thinking health professionals, supported by scientists and lawyers, who share a deep belief that good health is everyone's inherent, inalienable right.

One of the greatest travesties of the past 18 months is the notion that's been seeded globally that your health choices are no longer your own. That you must submit to the will of government and give up your health rights for the sake of others. "Save Granny" is [one insidious example of the kind of behavioural manipulations](#) foisted on an unwitting public. It does away with sovereignty and introduces bucket loads of unnecessary fear and guilt - two of the most disempowering human emotions capable of taking us down.

The WCH is being established to help you take back control of your health by advocating on your behalf and making the best, most relevant, health science research from around the world directly available to you [via its website](#).

>>> Be the first to know! Please [sign up for alerts](#) and spread the news that there's a better way! Why this initiative is so needed right now

The data from the UK, USA, Israel and elsewhere are converging on the notion that the covid vaccines aren't doing much to stop transmission.

After months of claiming effectiveness figures for mRNA vaccines in excess of 90%, the arrival of the delta variant has come with a reality check. A study of the highly vaccinated University of California San Diego Health workforce, recently [published in the New England Journal of Medicine](#), saw cases of symptomatic covid-19 infection jump from 33% in fully vaccinated workers in June to 75% just a month later. The authors suggest this is likely to be primarily down to [immune evasion](#) linked to the rapid emergence and dominance of the

delta variant along with waning immunity over time. Israeli scientists [are also reporting](#) a disturbing waning in immunity with rapidly escalating breakthrough cases.

The [latest data from Public Health England](#) (Technical Briefing 22) reveals a case fatality rate (CFR) for the delta variant of 0.24% for the unvaccinated and 0.96% for the fully vaccinated. This means – all things being equal – a fully vaccinated person in England or Wales has on average a four times higher chance of dying than an unvaccinated person.

Based on another study published in *The Lancet*, carried out on vaccinated Vietnamese healthcare workers, viral loads transmitted by workers infected with the Delta variant were 251 times greater than those involving the original Wuhan strain. So – let's stop calling these so-called 'covid-19 vaccines' vaccines. They don't stop transmission, so the term vaccine is entirely misleading.

However you look at it – the silver bullet solution held up by governments, health authorities, Bill Gates and many others as the only possible exit from this pandemic – that's been funded by and will continue to be funded by the public – is failing, and failing fast.

To us and many others this failure is unsurprising – and was entirely predictable. We've long argued for [multi-faceted approaches](#) to complex diseases and the danger of having just ['one egg in the basket'](#).

“The way things are currently looking, in our view, the biggest cost of the pandemic will not be through suffering and illness caused by direct infection. The greatest costs will be the economic and social consequences of our efforts to combat the virus. It is not just drugs that have side effects.”- [Robert Verkerk PhD, 12 March 2020](#) (one day after the WHO declared pandemic status for covid-19)

As the narrative issued to us by governments and health authorities around the world is so often misinformed and misleading, it's been amazing to see how alignments have formed among those of us who are not congruent with the mainstream view. In this light, to formalise this collaboration through an umbrella organisation that unites many of the dissenting, science-based voices, is something of a revelation.

We're incredibly grateful to Dr Tess Lawrie, Dr Jennifer Hibberd, Shabnam Palesa Mohamed, Karen McKenna, Dr Tracy Chandler and many others for having grabbed the bull by the horns, got this initiative going over the last few weeks and brought it to launch this week. It is a genuine collaboration and in a world that has marginalised dissenters, it has been a joy to interact twice weekly in (online) meetings with concerned doctors, scientists and lawyers from around the world. Our thanks also go to Zoe Strickland who is doing an amazing job pulling it all together and keeping the not insignificant number of wheels turning!

Further engagement

- [Watch 'Improving covid care'](#), presented by Dr Tess Lawrie at the International Covid Summit 12 - 14 September 2021 in Rome. In this short video Dr Lawrie reviews the

lack of official treatment advice given to covid patients and presents effective protocols that include ivermectin

- [Watch Dr Tess Lawrie](#) from [B/RD](#) sharing the latest evidence on ivermectin as an antidote to the covid health emergency. Also presented at the Covid Summit 12-14 September 2021, Dr Lawrie reviews the inconsistencies and irregularities in how evidence on ivermectin has been presented by governments and health authorities during the pandemic
- If you didn't click on the earlier link then get on board now — sign up with the [World Council for Health](#) and spread the news that there's a better way
- [Download free vaccine exemption forms](#) from the PROMIC coalition we co-founded
- Access our extensive back catalogue of covid-related information via [covidzone.org](#). If you're looking for an answer to a covid question, you're highly likely to find it there. If you can't find what you're looking for, [why not become and ANH Pathfinder member](#) and join our live, monthly, members-only Q&A?

There's never been a better time to transform how we manage our health

Date: 15 September 2021

Rob Verkerk PhD explains why the current crisis provides the spark for a health system revolution

Content Sections

- [Looking backwards to go forwards](#)
- [To the here and now](#)

By Rob Verkerk PhD, founder, executive & scientific director

Immune evasion, waning vaccines, lockdowns, covid passports – these are just a few of the things that dominate headlines as well as our lives. The technological solution most of the world has been taunted with, that became the thing so many craved for, as if it were a much anticipated brand spanking new iPhone, has turned out to be a very mixed bag. One [that doesn't work as originally claimed](#) and one that can cause considerable harm to a small proportion of users in ways that are currently unpredictable. Data from the US [Vaccine Adverse Event Reporting System \(VAERS\)](#) that we analysed today reveals that between 1 and 2% of Americans whose adverse reaction to one of the covid vaccines is reported to VAERS, ends up dying within 28 days of being vaccinated. It may be a small percentage, but it's a lot of people and tragic for the families and friends involved.

Having established that the vaccines don't stop transmission very well, coercing children to be vaccinated when they very rarely suffer life threatening disease, as well as censoring communications on alternative early treatment approaches, such as [those involving ivermectin](#), has to be seen as perverse. That is assuming you still believe this fledgling global health service that's taken form during the pandemic is for our benefit. If it's for the benefit of the stakeholders involved (and accordingly could be better described as a wealth service rather than a health service), it of course all makes perfect sense.

Here at ANH-Intl, as fully signed up members of "Team It Doesn't Make Sense", it is an ideal time to rethink whether this new, heavily politicised health system is something we really want, or really need. Is it actually fit-for-purpose, or even for our benefit? Or is its *raison d'être* more about benefitting undisclosed but fairly conspicuous businesses and individuals? US psychiatrist, Dr Peter Breggin, makes his views crystal clear in the title of his and his wife Ginger's brand new book, ['COVID-19 and the Global Predators: We Are the Prey.'](#)

<https://www.brighteon.com/8427bc56-cc4f-4df2-bc6f-35cb40765f87>

>>> [Visit Dr Peter Breggin's Coronavirus Resource Center](#) and buy the book , ['COVID-19 and the Global Predators: We Are the Prey.'](#) (please note the hard cover book is not yet available outside of the US and Canada)

Looking backwards to go forwards

Our Paleolithic ancestors were doing very well if they made it to 40 years of age.

That contrasts with our modern world in which the average life expectancy is in excess of twice this age. In Japan, Europe, Canada, Australia and New Zealand, the average life expectancy is over 80 years of age.

The historical record tells us that for most of our evolutionary history, life expectancy was pretty stable, with most adults not making it past 30 and certainly not 40. They'd then succumb to the elements, predators, lack of food, tribal skirmishes or disease.

It was only around 100 to 150 years ago that life expectancy suddenly went through the roof. In Europe and North America, this inflexion happened around 1870, while in Africa and much of Asia, it was delayed until around the 1920s.

So what caused people to suddenly start living a lot longer? Was it modern medicine with the arrival of vaccines and antibiotics? Probably not, because routine use of antibiotics and patented new-to-nature medicines didn't really get into gear until after the Second World War. Vaccines had been used from Edward Jenner's time and don't seem to have caused population-wide effects evident from the mid-1800s.

Most credible analyses argue it wasn't modern medicine, but improvements in three factors: sanitation, housing, and education, that were the main reasons lifespans started increasing so dramatically. Grandparents also appear to have quite a hand in it, all these factors contributing to big drops in early and mid-life mortality previously brought about by infectious diseases.

That set the scene for the Pasteurian view of medicine and healthcare, one in which 'the problem' (dis-ease) is seen as being outside the body: the germ is the problem and it must be targeted. It was the perfect backdrop for vaccines and antibiotics to become part of people's daily lives – and the way governments and health authorities have responded to covid-19 suggests nothing much has changed. Even 'public health' went mainstream, as more and more people came to understand the heroic work of public health nurses helping those in the most disadvantaged communities. Sadly, more recently, public health has been another victim of modern commercialisation.

To the here and now

Today, not only do many people in industrialised countries live well into their 70s or 80s, or beyond, we – in industrialised countries – also have a top heavy demographic; lots of older people, and many fewer youngsters. When you add into that mix an extended life expectancy but a shortened healthspan (years of healthy life), the quality of life of future generations doesn't look so good. At least without a major change in how we go about managing our health.

The good news is there is already widespread recognition that existing systems are going to fall over sometime soon if they don't change — and it's now "time for a revolution" is well recognised.

That's problem recognised. It's not, however, solution agreed. Cutting to the chase, the underlying problem we have when people try to look for solutions to over-stretched health systems is they often fail to recognise that most health systems aren't healthcare systems at all. They're really disease management systems in which so-called healthcare services deliver health-related products or services, including prescription medicines that even "correctly prescribed" add up to being the third leading cause of death in society. The people on the delivery end of this supply chain are the ones who do well – those on receiving end don't get nearly as much benefit as most think.

These health systems are also largely reactive, delivering primarily drugs and surgery after disease has been detected. The physiological pathways that underlie late onset diseases like coronary heart disease, many cancers, type 2 diabetes, Alzheimer's and all the other chronic and degenerative diseases that are overloading health systems for which conventional medicine offers very little relief, are often deeply ingrained. That makes it both difficult (sometimes impossible) and very expensive to reverse.

This brings us to looking at the sustainability of health systems themselves. This has been a major area of work for us here at ANH-Intl. As we begin to see some light at the end of the covid tunnel, we're getting back up to speed with this work we've been doing for over a decade. We continue to interact with doctors, other health professionals, scientists, labs, IT specialists and others in our bid to be able to set up a big enough, powerful enough, sufficiently well funded study of the community-based health system models we've been developing.

It's exciting stuff – and we're not unaware of a certain irony; while covid-19 has ushered in an authoritarian, top-down, silver bullet-fuelled health system, it is its likely failure and public rejection that will drive ever wider acceptance of a healthcare system that is genuinely for the people, owned by the people, and driven by the people. More than that – you don't even have to go to a hospital, clinic or pharmacy to engage with it. That's because you're the key part of it. So wherever you go, your health system goes. That's what our blueprint for health system sustainability is all about.

Next week, we're going to show you how it can be applied to covid-19, that politicians and health authorities are already telling us now is set to get considerably worse as we approach northern hemisphere winter.

This is why we need a whole new healthcare system – a true health care system that's proactive. That you can interact with, not just in clinics and hospitals, but also at home, in schools and the workplace.

It involves creating functional health across multiple systems within the body as well as in the social systems with which we as individuals interact. It includes a common language that individuals as well as health care professionals can use – so that everyone involved is speaking the same language and not getting lost in techno-babble that disempowers people and prevents them from making informed decisions about their own choices.

Most people who've suffered the worst fate following infection have been those with comorbidities that are linked to less than optimal functions of several systems, especially their immune, metabolic and cardiovascular systems. People like this – and more importantly – people who are set to become like this – don't need a vaccine to fix their health. They need to recalibrate the underlying physiological mechanisms that makes their body not work as it should. That's what healthcare is really about.

Covid bites (week 38/2021)

Date: 22 September 2021

A roundup of covid news and information

Content Sections

- [●Are the 'unvaccinated' driving variants?](#)
- [●Vaccine boosters and risks](#)
- [●Covid therapeutics](#)
- [●Legal actions to stop child vaccination](#)
- [●Long covid](#)
- [●Whistleblowers](#)
- [●Covid injections causing menstrual issues](#)
- [●Covid origins](#)
- [●Vaccine mandate pushbacks](#)

The world is moving at unprecedented speed as the coronavirus crisis continues to affect people's lives on a day to day basis. With the news changing on a minute by minute basis it can be difficult to keep up with some of the more important aspects of what's happening. We've scoured the news feeds, both mainstream and 'alternative' to bring you what we believe is the key information from the past couple of weeks.

[Are the 'unvaccinated' driving variants?](#)

There is now a sustained media campaign against those who exercise their right to choose when it comes a certain experimental medical intervention. The rhetoric becoming ever more shrill as people are hyped up to view the 'unvaccinated' (it's often forgotten that a large proportion of this group have been previously vaccinated) as unclean and a threat to the health of those who have chosen to engage in one of the covid injections.

A new study published in *PNAS*, adds to the hysteria by claiming that unvaccinated individuals provide a reservoir that allows the virus to grow and mutate. [Dr Geert Vanden Bossche](#) has picked up the study and in his inimitable style totally [blown it out of the water](#). He points out that the study author has no relevant scientific experience to make such an assertion then takes the study apart point by point. The bottom line being that it's actually the mass injection during a pandemic situation that's driving the development of variants – not the 'unvaccinated'!

“As long as the broader public and politicians get advised by incompetent scientists who seem to be addicted to their ego and delusional self-importance, it will be difficult to turn the tide on this pandemic.” - Geert Vanden Bossche PhD

A [new study](#) published in *Nature* has suggested that those with naturally derived immunity to covid-19 are better placed to deal with any future variants that may arise. Unlike vaccine derived ‘immunity’, our immune system is exceptionally well placed to deal with variants and in the long run will win the race against mutations arising from SARS-CoV-2.

Vaccine boosters and risks

Governments and health authorities continue to promote covid ‘vaccines’ as being safe. However, more and more doctors and scientists are speaking out and telling a different story. In the US, the FDA [vaccine advisory committee](#) voted against the introduction of booster shots for the whole population, instead [recommending](#) their use for at risk groups only. This flies in the face of the Biden administration’s plan to bring in booster shots for all those who’ve already received two injections. Significantly, several experts were allowed to [present evidence](#) to the committee that is contrary to the mainstream narrative. Steve Kirsch, executive director of the COVID-19 Early Treatment Fund, tackled the ‘*elephant in the room*’ — that the vaccines are simply not safe, whilst Dr Jessica Rose PhD, MSc, BSc, showed a 1000% increase in adverse events related to covid ‘vaccines’ compared to all previous vaccines in previous years.

The meeting follows the resignation of two top vaccine research scientists at the Food & Drug Administration (FDA), both of whom were co-authors on a report [published](#) in *The Lancet*, pushing back against the need for boosters due to the heightened risks of adverse reactions.

A [new preprint study](#) has underpinned concerns over increasing reports of the risk of myocarditis in young people aged 12-17 following covid injections. The study finds teenage boys are six times more likely to suffer from heart problems following two doses of the Pfizer/BioNTech covid injection than they are from hospitalisation from covid with the highest risk found in boys aged 12 to 15 years.

The very serious and urgent issues of injecting children with covid ‘vaccines’ is brought to the fore in a [study published](#) in *Toxicology Reports* by a group of international experts. The authors conclude that there isn’t enough data to make a proper judgement about the safety of the injections for children particularly when compared to the high number of post injection deaths reported to VAERs to date.

Covid therapeutics

With the [campaign to smear ivermectin](#) at full throttle, news from India offers yet more evidence that the use of the cheap drug, without serious side-effects, at the onset of covid-19 stops the illness in its tracks. Badly hit by the Delta variant earlier in the year, the Uttar Pradesh region began house to house visits testing for infections. Those found to be infected were given a [home medicine kit](#) that includes ivermectin. The *Hindustan Times* now reports that infection rates have [crashed to virtually nothing](#). El Salvador has had [similar success](#) using a [covid-19 home medicine kit](#) to treat covid patients, that also contains ivermectin along with paracetamol and aspirin (anti-inflammatory), loratadine (antihistamine), azithromycin (antibiotic+antiviral), vitamin C (500mg), vitamin D (2000 IU), zinc (50mg) and electrolytes (minerals-zinc ionophores). Guatemala and Bolivia are reported to be following suit in providing a solution that is simple, cost effective and ‘cures’ covid-19 illness quickly.

The European Union (EU) has [announced](#) five therapeutics (drugs) that could soon be available to treat covid patients. Four are [monoclonal antibodies](#) and one an immune suppressing medication. All of the drugs are made by Pharma companies that haven't been a part of the vaccine race. The European Commission is planning to draw up a portfolio of at least 10 potential covid therapeutics by October. This strategy is planned to work alongside the EU vaccines strategy and not replace it, as per a recent social media post that has gone viral. Monoclonal antibody treatments are being seen as a magic bullet for treating hospitalised patients, however the use of ivermectin and associated therapeutics significantly reduces the risk of developing serious illness and the need to be hospitalised in the first place. What ivermectin does not do, is make Big Pharma Big Bucks!

[Legal actions to stop child vaccination](#)

UK charity, Consent, has [launched a legal action](#) against the injection of children in England. It has also launched a [crowd funder](#) to pay for the litigation.

A [court hearing took place in London today](#) to stop the mass vaccination of healthy children. The action was coordinated by the [Covid19 Assembly](#) on behalf of parents, including doctors and lawyers, concerned that normal protocols and ethics have been cast aside with the approval of the vaccination campaign and that children could pay the price for such political decisions. The UK government have succeeded in delaying the hearing of the case so the team filed for an injunction. Sadly, the request for an injunction [has been rejected](#). However, a full hearing is due to take place on the 28th September, so there is still hope.

[Long covid](#)

The fearmongering over the risk of long covid has been ramped up recently as efforts to increase vaccination rates continue. However, a [new analysis](#) from the UK's Office for National Statistics suggests the numbers of people suffering long covid is far lower than previously thought. A [new review](#) published in *The Pediatric Infectious Disease Journal* has cast doubt on previous estimates of the prevalence of long covid in children and adolescents. The review is backed up by a [new report](#) from the [Murdoch Children's Research Institute](#) (MCRI) in Australia, which found major limitations in the data used in existing studies on long covid in children.

[Whistleblowers](#)

In spite of the danger to their lives and complete loss of livelihoods, people are now choosing to speak out about the cover-ups of the damage being done by covid injections. The [latest whistleblower to come forward](#) through Project Veritas, Jodi O'Malley, is a Registered Nurse in the US. She's chosen to speak out as felt she could no longer stay quiet about what's happening and the massive cover-up by officials.

[Covid injections causing menstrual issues](#)

Thousands of women globally have [reported problems](#) with their menstrual cycles following covid injections. In the UK alone, 30,000 women have reported changes to their periods following being injected. A claim that was very [quickly rubbished](#) by mainstream sources. Although dismissive of the severity of the problems, reproductive specialist Dr Victoria Male, [writing in The BMJ](#), has called for further investigation into the issue.

Covid origins

The debate over the origin of the SARS-CoV-2 virus continues with an [article published](#) in *The Lancet* supporting the theory that the virus escaped from a laboratory and calling for open and transparent debate around the issue.

Researchers analysing viral genomes have suggested the virus did indeed jump from animals to humans in a [preprint published](#) in *Virological*. During their analysis, the researchers say they have found two lineages and that this shows the virus jumped between animals and people on several occasions.

Evidence is still being collated and the jury remains out on a particularly thorny issue. It remains to be seen whether there will ever be consensus over the truth.

Vaccine mandate pushbacks

It's unlikely you'll see much in the mainstream media about the increasing pushbacks against covid vaccine mandates. We published a [round up of pushbacks](#) recently, but here are a few more that we've come across in the past week to show that all is not as it's being portrayed by those following the official narrative! [Health Professionals United](#) is a coalition of both vaccinated and unvaccinated health care workers in Alberta, Canada who have expressed their concerns over the mandating of covid vaccines in an [open letter](#). In the letter they say they're "*standing together*" having witnessed the serious adverse reactions, including death, following injection.

Healthcare professionals in New York have succeeded in [obtaining an emergency injunction](#) against mandated vaccines, which would fly in the face of their religious beliefs. The temporary restraining order prevents the New York Department of Health from taking any action against healthcare professionals who have an exemption from being injected due to religious beliefs. Doctors 4 Covid Ethics has [served a Notice of Liability](#) for harm and death from covid-19 vaccines to every member of the European Parliament and sent it to the Executive Director of the European Medicines Agency. The letter was accompanied by a summary of scientific evidence and a letter from Holocaust survivors demanding the vaccination programme be halted along with the unlawful coercion of people to be injected.

Has your TerRAIN gone off the rails?

Date: 22 September 2021

ANH founder Rob Verkerk PhD takes us on a journey of ANH's Ecological Terrain to find better ways of improving whole system health

Content Sections

- [Getting your TerRAIN back on the rails](#)

We are complex organisms living and interacting in a complex world. We now face unprecedented times, with many people enduring very high levels of stress, loss of control over their lives, loss of livelihoods, increasing food shortages, breakdown in relationships through polarisation and division – and so much more. That's before you even consider the need to contend with a new virus.

Our health at any point in time is dependent on how our genes express themselves, and that in turn is greatly affected by our internal and external environments. To understand how we can optimise our health, especially during these difficult times, we must recognise the complexity and use a systems approach; one in which we see ourselves as a living system that functions within much bigger social, environmental and, ultimately, ecological systems.

This has been the central tenet of the blueprint for health system sustainability that's been a core project of ours, the ultimate objective of which is to facilitate a transition to future-fit health systems that put the individual and his or her community at the heart.

>>> Click [here](#) to find out more about The Great Health System Reset and our blueprint

At the heart of our blueprint is the [12-domain Ecological Terrain](#), that we also refer to as our EcoTerrain.

If you prefer to listen you can download the podcast [here](#).

Each domain represents a part of our ecological system that can be assessed according to its status or function – and is amenable to change according to what, when and how we eat, how we move, rest, relax, what supplements we take, how we interact with others, and, among other things, what gives our life meaning.

Behavioural and lifestyle changes can have profound effects, many of them being detectable relatively quickly (typically days or weeks) after a change is made – but perhaps influencing whole system health somewhat (typically months) later when multiple systems have come into balance.

This of course brings us into the arena of lifestyle, integrative, nutritional or functional medicine, many of the principles of which have been embodied within long-standing traditional systems of medicine such as Ayurveda and traditional Chinese medicine (TCM).

In the table below, we've suggested important measures or proxies of function or status for each of the 12 domains. In some cases you'll see numbered links to references that will give you more information. Our blueprint model provides three levels of assessment (self-assessed, practitioner-guided and biomedical testing), we've focused here particularly on the self-assessed measures and proxies as these can be done easily at no additional cost.

#	Domain	Measures/proxies of function or status	Method of assessment
1	Genetic & epigenetic background	ACE1 and 2 receptor polymorphisms	Genetic testing ^{[1],[2],[3],[4]}
		Cytokine signalling (e.g. IL-6, IL-10, TNF α , Apo E4)	
		Type 2 diabetes- & obesity-related polymorphisms among different ethnicities (e.g. ADIPOQ, LepR, PPARG)	
		Vitamin D binding protein (VBD) and vitamin D receptor (VDR) polymorphisms	
2	Glycaemic control and metabolic flexibility	Suffer 'sugar crashes'	Self-assess
		Find it difficult to burn fat (if your weight to height ratio [WHR] is over 0.5 you may benefit from	Self-assess using tape measure

		losing 'fat around the middle' which in turn lowers your metabolic disease risk)	
		Bioelectrical impedance analysis (BIA) to track changes in skeletal/lean muscle, body fat and visceral fat	Self-assess using body composition scale (e.g. Tanita, Omron)
		Beta-hydroxybutyrate (BHB) – metabolically flexible individuals can burn fat as an energy carrier and enter <u>nutritional ketosis (with BHB levels 0.5 - 3 mmol/L)</u>	Self-assess using ketone meter (blood [preferably], breath or urine)
		Glycated haemoglobin (HbA1c) test	Doctor evaluated
3	Gastrointestinal system and microbiome function	Digestive discomfort e.g. bloating, flatulence, heartburn, nausea.	Self-assess
		Microbiota communities in gut	Stool test via practitioner or specialist lab
		Bowel movements or regularity	Self-assess

		Intolerance or sensitivities to particular foods	Self-assess (elimination diets) and/or food intolerance testing
4	Mitochondrial function	Fatigued, feeling tired all the time (TATT)	Self-assess
		Low lean muscle	Self-assess using body composition scale
		Brain fog	Self-assess
5	Immune system function and inflammatory status	Prone to infections, long recovery post-infection	Self- or practitioner-assess
		Chronic inflammation signals: body pain, myalgia	Self-, doctor- or practitioner-assess ⁵¹
		Diseases caused at least in part by chronic inflammation e.g. cardiovascular disease, metabolic diseases, COPD, arthritis, rheumatoid arthritis	
6	Oxidative stress	Feeling TATT, lacking in energy	Self-assess

		Poor recovery post-exercise	Self-assess
		Premature ageing	Self-assess
7	Neuroendocrine function	Poor stress tolerance	Self-assess, including use of Heart Rate Variability (HRV) ^{[6],[7]}
		Hormonal imbalances	Feel, f testing
		Mood swings	Self- or practitioner-assess
		Gut-brain issues/vagal tone	Self- or practitioner-assess ^[8]
8	Circulatory system	Heart + blood vessels & lymphatic system (lymph, lymph nodes, vessels, collecting ducts, spleen, etc)	Practitioner- or doctor-testing
		Family history of cardiovascular disease(s)	Medical record
		Out of breath climbing stairs	Self-assess

		Swollen ankles	Self-assess
9	Toxic burden & biotransformation	Food quality e.g. pesticides heavy metals in canned fish	Self-assess food choices or be guided by nutritional practitioner
		Liver health	Practitioner- or doctor-assess
		Low endogenous glutathione	Practitioner- or doctor-assess
10	Structural integrity status	Skeletal and musculoskeletal status (incl. orientation, pain, sarcopenia)	Self- or practitioner-assess
		Standing long-jump (SLJ) and handgrip tests to assess lower and upper body muscular fitness	Self- or practitioner-assess
		Nutrients/intake/assimilation e.g. vit D, Mg, K2, BCAAs, B vits, Se	Self- or nutritional practitioner-assess
11	Psychological & cognitive function	Anxiety, depression	Self-, doctor- or practitioner-assess

		Difficulty concentrating	Self-, doctor- or practitioner-assess
		Loss of memory	Self-, doctor- or practitioner-assess
1 2	Psychosocial-emotional status	Meaning in life? [Japanese: <i>ikigai</i>]	Self-knowledge
		Great relationships: Feeling loved, able to offer love, feeling you're part of tribe	Self-reflection
		Happy much of the time	Self-assess, e.g. Pemberton Happiness Index ^[9]

References

[1] [AL-Eitan & Alahmad](#) (2020)

[2] [Sayed](#) (2021)

[3] [Al-Jaf et al](#) (2021)

[4] [Hashemi et al](#) (2021)

[5] [Pahwa et al](#) (2021)

[6] [Kim et al](#) (2018)

[7] [EliteHRV](#)

[8] [Bonaz et al](#) (2018)

[9] [Hervás & Vázquez](#) (2013)

Getting your TerRAIN back on the rails

The great thing is that if you have less tha

n optimal function in several of your domains (which is very common), you don't have engage in different interventions for each. Our domains are all inter-connected and the dysfunction we experience is often the result of things we've done over many years or specific traumatic events that occurred long ago. We call these 'upstream' events or causes – and they often produce a diversity of 'downstream' consequences. In lifestyle medicine, we're much less interested in treating symptoms, and much more interested in changing our pattern of response by changing our behaviour and choices. The **3R** approach often applies, in which we look at:

1. **R**emoving toxins, foods and chemicals to which we're sensitive or intolerant,
2. **R**estoring function to organs, tissues or systems that have been deprived of key nutrients, and,
3. **R**epair, where we provide all the resources needed for the body to engage in repair to damaged cells, membranes and tissues.

In our view, among the most important to help bring balance and resilience back to our bodies and minds, are the following:

- Ensuring that you have [metabolic flexibility](#)
- That you have a no excess fat around your middle (central adiposity), i.e. a waist to height ratio of less than 0.5, as well as low visceral fat and good lean muscle mass to body fat composition
- Resolve chronic inflammation and oxidative stress
- Achieve good stress tolerance.

>>> ANH Pathfinder members can access generalised interventions and protocols [here](#) that aim to rebalance any of the EcoTerrain domains that are less than optimal in function or status.

With surprisingly few upstream changes to your life, be they changes to how you eat, move, relax or sleep, along with continued monitoring of your domain function, you can sort out multiple issues across multiple domains. This might include sorting imbalances in the communities of microbiota in your gut, rebalancing your vagal tone, improving your cognitive function and the quality of your relationships with others – and, of course, improving your immune system resilience so you not only reduce your risk to infectious agents like SARS-

CoV-2, regardless of the variant, you also reduce your risk of chronic, degenerative diseases.

This is real, natural medicine – something we haven't been hearing a lot about on the airwaves of late.

Covid bites (week 39/2021)

Date: 29 September 2021

As the coronavirus crisis rages on, we curate news from around the world from both mainstream and alternative scientific and media sources

Content Sections

- [Covid coercion pushbacks](#)
- [Combatting covid – naturally!](#)
- [Covid injections](#)
- [Medical apartheid](#)
- [‘Vaccine’ harms](#)
- [Kids and injections](#)
- [Covid origins](#)
- [Other news of interest](#)

Another week has passed, the coronavirus crisis continues to dominate the news waves as governments globally enact the brutal removal of citizens rights unless they agree to partake of a medical intervention utilising technology never before used in humans. No longer is there any pretence that they're ‘following the science’ to justify policies and actions. Instead, governments, supported by compliant elected representatives, now seem intent on forcing authoritarian, or even totalitarian, systems on populations that had long subscribed to democratic values and associated freedoms.

Yet, as in all civil rights movements, many continue to pushback, with more joining the ranks of the ‘awake’ each day. A common sentiment among the dissenting ranks is that the current situation has little to do with a virus. We’ve done our best to bring together news about the worst and best of the current situation to help give you information we think is important that you are unlikely to come across on the mainstream media!

[Covid coercion pushbacks](#)

Founded by Lisa Smits, who is currently in prison for [speaking out and has refused bail](#) due to the conditions designed to silence her, [Reignite Australia](#) is organising a grassroots movement to counter the actions of the Victorian government. The movement has now gone far beyond its original remit. Anyone who wishes to support Monica in her legal fight can make a donation to a crowd fundraiser [here](#). [Nurses Speak Out!](#) is another Australian organisation pushing back and speaking out about the harm being caused by covid-19 so-called ‘vaccines’. Its [Telegram group](#) contains testimony from healthcare workers who’re seeing first hand the damage being caused by those who’ve already been injected. If you’re a healthcare worker in Australia who has a story you wish to share (anonymously) you can contact the Nurses Speak Out! team on nursesspeakout@pm.me.

[Australians Against Mandatory Vaccination](#) is standing up against forced covid injections by supporting Australian citizens to say 'No' to mandated vaccines as a precondition to keeping their jobs. Its website offers three steps that workers can take if they are under threat of losing their job for choosing not to be injected.

Florida has thrown a curved ball by [appointing a new Surgeon General](#) who has previously been critical of many of the public health measures taken in the name of covid thereby strengthening and supporting Gov DeSantis' stance. Dr Joseph Ladapo is a signatory of the [Great Barrington Declaration](#) who [works](#) with [America's Frontline Doctors](#) (AFLDS) and opposes vaccine mandates. As such he poses a huge threat to the Biden Administration's game plan. He also believes people should be encouraged to lose weight exercise and eat more vegetables and fruit. Unsurprisingly news of Dr Ladapo's appointment has triggered [huge opposition](#) from those who support covid restrictions in all their various guises.

Healthcare professionals and scientists around the world are [uniting in support](#) of early ethical treatment for covid by signing the Physicians Declaration. They say the doctor-patient relationship is sacred and that doctors must be allowed to treat people who are sick based on their clinical judgment and expertise not according to what the politicians decide must be used. The Declaration calls for the end to the fear and unnecessary covid deaths perpetrated by political decisions and interventions in the name of combatting the coronavirus crisis. If you would like to join the thousands of doctors and scientists who have already signed the Declaration please click [here](#).

In Guernsey (Channel Islands), Dr Scott Mitchell, who is a member of the [Front Line Covid-19 Critical Care Alliance](#), has [resigned from his position](#) as an emergency doctor on the island, following the approval of covid vaccination for the under 16s, which flies in the face of [scientific advice](#) from the UK's Joint Committee on Vaccination and Immunisation (JCVI). He said "*A line has been crossed*" and that as doctor he felt it was his time to honour his commitment to do no harm and stand up for what he believes to be right.

[Pandemics Data and Analysis](#) (PANDA) has [written a letter](#) to all the Members of the European Parliament arguing for a halt in the mass vaccination of children. The letter outlines 10 reasons why children should not be injected along with a list of other organisations that have raised concerns about the push to inject as many children as possible. The team is also calling on people from all walks of life around the world to sign the Declaration for the [Protection of Children and Young People](#) and show their concern over the ramifications for children and young people from actions taken by governments worldwide in the name of covid. If you would like to show your support for this action please click [here](#) to add your name to the declaration.

Italian Deputy Chief of Police, Nunzia Alessandra Schilirò, has [publicly spoken out](#) against the introduction of the Green Pass used to prove people's vaccination status, branding it 'illegitimate'. She is reported to have learnt she will be subject to disciplinary procedures via the media rather than her employer following her speech.

In the US two Oregon senators have [filed a petition](#) calling for a federal grand jury investigation into the reporting of covid-19 related deaths by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC)

Combatting covid – naturally!

A study published on the preprint server medRxiv shows, again, that natural immunity confers [stronger and longer lasting immunity](#) against covid-19 than that by covid vaccines, in this case Pfizer's. It also showed those who had naturally-acquired infection and a single Pfizer dose had the highest level of protection, although protection from the 'vaccines' has been consistently shown to wane in a matter of few months. The journal *Biomedicine* has published a [new paper](#) exploring the use of nutraceuticals and herbs to support the immune system to deal with viral illness including covid-19. The authors consider the use of vitamin C, vitamin D, zinc, probiotics, natural polyphenols plus a range of herbs all of which have positive benefits including lowering viral load and reducing recovery time in covid-19 patients.

Yet more support for the role that complementary therapies have to play in the treatment of covid patients comes in a [review paper](#) published in *Reviews on Environmental Health*. The use of acupuncture, Traditional Chinese Medicine (TCM), relaxation and Qigong were found to significantly improve a variety of psychological and physical symptoms in covid patients.

Covid injections

[New Zealand Doctors Speaking out with Science](#) (NZDSOS) has investigated claims of contaminants found in so-called covid 'vaccines'. In a [detailed report](#) it summarises the available evidence around claims people have been magnetised following injection, discusses the possible biological mechanisms of the phenomenon, speculates on causes of reported adverse events and addresses claims that the 'vaccines' contain graphene oxide.

Medical apartheid

Plans to bring in covid certification in England have hit fierce opposition, which has seen the UK government apparently retreat. It would seem that the retreat was only temporary after the [publication of a consultation](#) looking for support of covid certification as part of a Plan B for the winter. As you would expect the questions are loaded in the government's favour. A [report](#) in *The Telegraph* suggests the government is in talks with the EU to adopt the EU Digital Covid Certificate.

Those who want to have their say can do so quickly and easily by clicking [here](#) as we Stand Together and say Enough!

In a massive violation of civil liberties, the Italian government has [instructed employers](#) to withhold pay for employees who refuse to be injected and therefore do not hold a Green Pass. Employers have been told not to fire or suspend employees who choose not to be injected rather to consider them to be taking unauthorised absence and to withhold their wages. Anyone found to be working without the Green Pass could face fines of up to €1,500. Even if you have recovered from covid infection and can demonstrate natural immunity citizens are still being compelled to be injected to be able live a 'normal' life.

Having freed itself from Russian rule, Lithuania has now slid back into totalitarianism as it forces its citizens to be injected or lose virtually all of their ordinary rights including their pay. In a no holds barred [detailed exposé](#) a Lithuanian citizen describes the stark reality of the harsh restrictions being imposed on those choosing not to be injected.

Students at the University of Bath are [being forced to wear coloured wristbands](#) to identify their covid 'vaccination' status in a move that's been dubbed 'vaccine passport by stealth' by parents of students.

In an extraordinary turn of events authorities in France have [suspended 3,000 health workers](#) because they refuse to be injected. A similar scenario is [playing out](#) in New York State in the US as the authorities threaten to fire tens of thousands healthcare workers who refuse to be injected following the mandation of vaccination. The decision is leaving healthcare services shorthanded and causing chaos as certain medical services are suspended. New York Governor, Kathy Hochul has announced plans to send in the National Guard to short-staffed hospitals.

As the desperation of governments to punish those who dare to refuse to be injected and impose covid injections on all increases, [discussions are taking place](#) in the US over the use of vaccine mandates for air travel both on domestic and international flights. Should the Biden administration attempt to introduce such a measure it's likely they could face wide-ranging opposition.

'Vaccine' harms

A widely reported [preprint study](#) raising concerns over the incidence of myocarditis following covid injection has been [withdrawn](#) by the authors due to concerns over issues with the data used to extrapolate case numbers. However, the base data shows that 56% of the patients identified in the study suffered with either myopericarditis, pericarditis or myocarditis following injection adding to mounting data showing the very real risk of heart damage in younger people resulting from covid 'vaccines'.

We have [previously warned](#) of the risk of the development autoimmune issues following covid 'vaccination'. Evidence of such issues is now starting to emerge in the scientific literature with the publication of a [case study](#) in *Transfusion*, of a young woman who developed life-threatening autoimmune hemolytic anemia (AIHA) following receipt of a covid mRNA injection.

Two pathologists from Germany [held a press conference](#) this week in which they revealed data related to deaths following covid 'vaccination'. In three cases they found evidence of rare autoimmune diseases. Of particular concern was evidence of the accumulation of lymphocytes in a wide range of organs, lymphocyte follicles in places where they shouldn't have been, endothelial cells had become detached from blood vessel walls and clumping of red blood cells.

Kids and injections

Pfizer has [lodged data](#) on the injection of children aged 5 to 11 years with the FDA this week. The 'trials' have been ongoing for a matter of just months and unlike the adult trials look at the production of antibodies as proof of efficacy rather than whether it prevents infection or transmission of the virus. Once again information is being shared through a press release with no sign of the data from the testing to allow for independent vetting and verification of Pfizer's claims.

Covid origins

In an interesting twist, as the row over the origins of the SARS-CoV-2 virus continues, [The Lancet has disbanded](#) its taskforce investigating said origins over concerns of the close ties with the EcoHealth Alliance and its director Peter Daszak. The move comes after the [release of documents](#) revealing Dazak's involvement in helping the Wuhan Institute's work on the engineering of bat coronaviruses.

Other news of interest

- Gains in life expectancy have been wiped out by the coronavirus crisis in 29 of the 27 countries studied since the second World War according to a [study](#) published in the *International Journal of Epidemiology*. The largest losses were seen in males from the USA and Lithuania
- Pfizer's newest covid treatment has been [dubbed Pfizermectin](#) due to its eerie similarities to ivermectin with which it shares at least one mechanism of action
- Following the [declaration](#) by the assistant director of the Norwegian Institute of Public Health (NIPH), that covid is no more deadly than the flu, the Norwegian government has unexpectedly [withdrawn all coronavirus restrictions](#) saying the time has come to return to normality. The announcement resulted in celebrations across the country
- A [new comparison](#) of age adjusted all-cause mortality rates in England between vaccinated and unvaccinated concludes "*The UK Government's own data does not support the claims made for vaccine effectiveness/safety.*"

Covid bites (week 40/2021)

Date: 7 October 2021

A roundup of covid news and information

Content Sections

- [Farewell to the notorious R-rate](#)
- [Disclosure: dominoes are starting to fall](#)
- [Covid censorship](#)
- [Covid injections](#)
- [Pregnancy and covid 'vaccines'](#)
- [Kids and covid 'vaccines'](#)
- [Covid science](#)
- [Ivermectin](#)
- [Natural treatments for covid](#)
- [World news](#)

We continue our weekly curation of news from across the globe from both mainstream and alternative scientific and media sources. Despite what seems to be a gloomy outlook and the continued imposition of draconian measures on unsuspecting citizens the cracks in the mainstream narrative are getting bigger every day as more people realise that all is not as it seems.

We start with another example of people taking matters into their own hands and fighting back against the coercion and bullying that now seems commonplace as efforts to inject everyone continues.

[Aaron Kheriaty](#), MD is a Professor of Psychiatry at University of California (UCI) School of Medicine and Director of the Medical Ethics Program at UCI Health. He has natural immunity after he was ill with covid-19. As such he decided he did not need to be jabbed. UCI have decided differently. In his efforts to have his natural immunity recognised, Dr Kheriaty has [filed a lawsuit](#) against both UCI and the California Department of Public Health. This has resulted in UCI suspending him. Although he is being paid, he will lose half of his income as he will not be able to see his patients. Despite this unexpected turn of events, Dr Kheriaty has vowed to continue his campaign and work to push back against the control and removal of rights and freedoms that are being visited on citizens all over the world.

[Farewell to the notorious R-rate](#)

June 2020 saw ANH founder, Rob Verkerk PhD, [point out how unreliable the R Number is](#) for informing the imposition of covid measures on citizens. It seems mainstream science is at long last catching up with the publication of a [new study](#) in the *Journal of the Royal Society Interface* in which researchers from the University of Cambridge say it's time to say farewell to the use of the R-rate. Instead, they recommend the use of models that produce

'nowcasts' and forecasts based the daily number of new cases and deaths. Given that so many of the figures are being fudged, it'll be interesting to see if it's a case of junk data in, junk data out or not.

Disclosure: dominoes are starting to fall

- The Director of the National Institutes of Health (NIH), Francis Collins, MD, PhD has [announced his resignation](#) as Director in a carefully constructed press release. His 'decision' to step down follows the release of [documents revealing](#) the full extent of the NIH's involvement in gain of function testing at the Wuhan Institute of Virology and his knowledge of it, a fact, which until the release, he had strenuously denied
- In Australia the Premier of New South Wales, Gladys Berejiklian, has [resigned](#) after it was announced that the NSW Independent Commission Against Corruption (ICAC) is looking into allegations of fraud and corruption. Gladys is unlikely to be missed as she's presided over some of the [most brutal covid restrictions](#) seen in Australia in response to the coronavirus crisis.

Covid censorship

- YouTube is tightening its censorship screws with an [announcement](#) that it will remove all and any content that questions vaccine safety (regardless of the vaccine), their ability to prevent transmission of disease and vaccine adverse reactions
- On the flip side, Russia has [threatened to block](#) YouTube in the country after it deleted two German-language RT.com TV channels for violating rules on medical misinformation
- As the purge of those who oppose the mainstream narrative continues, ivermectin proponents, the B/RD-Group, established by Dr Tess Lawrie, has been [deleted from Twitter](#). It seems that any mention of their work has been erased from the platform as evidence by the plethora of bird related channels which appear when searching for mention of the B/RD Group.

Covid injections

- A [new preprint study](#) reveals that someone fully 'vaccinated' against covid is twice as likely to pass the virus on when infected by the Delta variant than the previous Alpha variant. Delta is now the predominant variant across the world
- Following on from the use of mRNA technology to create covid vaccines, VaxEquity, founded by Prof Robin Shattock from Imperial College London, has [announced](#) it will be working with Astrazeneca to create self-amplifying mRNA (saRNA) technology to be used for a variety of medical applications. Once injected into the body saRNA will be able to make copies of itself
- A [new US survey](#) shows the vast majority of Americans surveyed do not believe people should lose their jobs if they exercise their right of refusal when it comes to the experimental covid vaccines
- In Europe, the European Medicines Agency has [approved](#) the use of Pfizer boosters for all adults in Europe

- [The Vaccine Death Report](#) is an analysis of data, authored by Dr Vladimir Zelenko MD and David John Sorensen, from the US VAERS reporting system aimed at documenting the very real and serious harm being experienced by those who have been injected with so-called covid vaccines. The report pulls no punches with the authors calling it a “...wake up call for all of humanity”
- Sweden and Denmark have [paused the use](#) of Moderna covid vaccines for anyone born after 1991 due to the increased risk of developing myocarditis, particularly following the 2nd dose.

Pregnancy and covid 'vaccines'

Pregnant women and new mothers are coming under increasing pressure to agree to be 'vaccinated' against covid regardless of the lack of safety data for this particular cohort in order to protect themselves and their babies. Reports are now being seen in the adverse reporting systems of harms to babies, both pre- and post birth. Recognising the particular needs of women wishing to become pregnant, who are pregnant or recently given birth, the newly established World Council for Health has created and [published a guide](#) to answer the most common questions. This is a difficult and challenging issue with many mothers feeling undue pressure in the absence of sufficient information to enable them to make a properly informed decision about, what could be, a potentially life changing medical intervention.

Kids and covid 'vaccines'

[Data analysis](#) by the team at the Daily Expose has revealed what appears to be a worrying increase in deaths in young people aged 15-19 since the start of the drive to vaccinate children and young people in the UK. Data from the Office of National Statistics shows a rise of 47% in all-cause mortality with a 63% rise in teenage boys. More data is required before any conclusions can be made though. Despite the questions being asked about possible links between covid injections and harm to young people, a [new study](#) due to be published in the *Journal of the Royal Society of Medicine* sees researchers dismiss the risk of myocarditis and call for children to be given two injections (which greatly increases the risk of myocarditis) instead of the one currently in use in order to prevent long covid — like covid, it's been shown to be of [little concern](#) in children.

Covid science

- A [new paper](#) published in the *International Journal of Immunopathology and Pharmacology* furthers the understanding of the development of severe covid-19 disease by sharing a clinical overview of the mechanisms behind the progression of covid-19 disease. The authors include Drs Paul Marik and Pierre Kory of the [Front Line COVID-19 Critical Care Alliance](#) (FLCCC) whose front line experience in combatting covid illness has given them a unique overview of the clinical mechanisms behind the disease
- Considering a recent study on face masks in Bangladesh, Dr Denis Rancourt [concludes that the paper](#) is fatally flawed and should not be used to support the ongoing use of face masks to prevent the spread of the SARS-CoV-2 virus

- There is no significant difference in viral loads between vaccinated and unvaccinated individuals infected with the Delta variant of the SARS-CoV-2 virus according to a newly published [preprint study](#).

Ivermectin

In a ludicrous and desperate attempt to stop people turning to ivermectin to combat covid, *The Independent* newspaper in the UK has [published a story](#) suggesting livestock will have to be slaughtered due to a shortage of ivermectin for animal use. Dubbed 'horse-paste', the animal version of ivermectin is not recommended for human use, although desperate covid patients have been driven to use it due to the continued blockade of human-grade ivermectin by health authorities in order to pave the way for new high cost, patented, anti-viral treatments from Big Pharma.

Natural treatments for covid

A [new study](#) published in *EClinical Medicine* demonstrates that when used early on during hospitalisation, L-arginine can significantly decrease the length of stay in hospital and reduce the need for respiratory support by improving endothelial function.

World news

- Two petitions have been created pushing back at totalitarian restrictions on citizens' rights and freedoms in the name of covid in New Zealand and Australia. The [first](#) calls for support for an open letter and freedom of information request to members of the New Zealand Parliament. The [second](#) calls for the Australian Health Practitioners Board (known as AHPRA) from gagging doctors and nurses (and others) from speaking out against the official narrative and the vaccine mandates. The petition needs more support to get it to 100,000 signatures by the 28th October 2021
- A brave and contentious [vaccine compensation bill](#) has been introduced to the New South Wales Parliament by MP Reverend the Hon. Fred Nile. The bill, which places responsibility for vaccine injuries on businesses that mandate vaccination as a requirement for employment, has passed its second reading in the house and is now awaiting further debate and endorsement
- In France as the fight against the 'Pass Sanitaire' continues, the Hauts-de-Seine region has [dropped the requirement](#) for people to prove their vaccination status in order to enter large shopping centres after a court ruling deemed the pass to be discriminatory
- Despite more than 90% of its staff and students being vaccinated, Harvard Business School in the US has experienced a [significant covid-19 outbreak](#), leading to the suspension of in person teaching and networking events.

FEATURE: Latest snapshots of a moving target of a ‘pandemic’ (Part One)

Date: 7 October 2021

Exploring data bites to ascertain the risk posed by SARS-CoV-2 and if mass vaccination is really our best route out

Content Sections

- [● Navigating a deeply uncertain world](#)
- [● How much of the world’s population is vaccinated?](#)
- [● How well is it working?](#)
- [● Is increased vaccination coverage associated with lower case rates and deaths?](#)
- [● How death rates compare with the pre-‘pandemic’ era](#)
- [● Who transmits more: vaccinated or unvaccinated?](#)
- [● How dangerous is SARS-CoV-2 compared with other diseases?](#)
- [● Familial/household transmission](#)
- [● Snapshot take aways](#)
- [● Subversion of the practice of medicine](#)

By Rob Verkerk PhD, founder, executive and scientific director

Just as the word ‘unprecedented’ seemed to be the most used word in the first half of 2020, ‘uncertainty’ is fast becoming the most used term of the second half of 2021.

Navigating a deeply uncertain world

In a sea of great unscientific uncertainty, the last 18 months has been sufficient time for polarised views to become galvanised in people’s minds. This polarisation has been amplified by the skewing of research in favour of specific economic and political interests, and the marginalisation or censoring of dissenting scientific voices.

Another problem we all have trying to interpret what’s going on, involves the extreme variability of data and the dynamic nature of change. If you think there’s a plausible reason why something’s happening in one part of the world – such as rising case rates, hospitalisations or deaths – you’ll often find yourself scratching your head when you try to apply the same logic or mechanism to explain what’s happening in another. Such are the complexity of genetic, molecular and environmental factors driving the SARS-CoV-2-human interaction, on a backdrop of highly variable human behaviours and cultures, coupled with often contrasting regional and national policies.

Faced with such uncertainty and confusion, many – including so-called eminent physicians, scientists and influential political leaders – simply select those data that best fit their views. Yes, it’s cherry-picking. When you see a trend that appears to highlight the potential failure of a given policy – such as mass vaccination – chances are you’ll find the next tranche of

official data is delayed or shows up in a different format, preventing you from comparing 'apples with apples'.

"That means the vaccine doesn't do what most people think, namely stop or reduce transmission between humans." - Rob Verkerk PhD

Don't think it's only 'the other side' who're doing it. Many of us who are vehemently opposed to global mass vaccination do the same thing. We're programmed for survival and we're all looking for justifications to explain the world around us, the decisions we make and the positions we hold.

As a non-profit that has followed an approach we call 'good science' and 'good law', now for nearly 20 years, we have to pinch ourselves regularly to check for bias. Readers who don't like what I'm about to write will no doubt hold me accountable to my own biases. Please offer your comments should you have such concerns - as I'd like to hear them. Being open to criticism is part and parcel of trying to do 'good science'.

For what it's worth, here's a prediction: not so far in the future, historical accounts of the current era will likely point to lack of transparency of raw data on which government policies were based as a major reason for the unnecessary suffering, deaths and collateral damage that would last more than a generation. But only time will tell.

In an effort to avoid obvious biases – I've attempted here to look at a wide range of existing data to answer some questions many are asking – acknowledging their shortcomings as most are from official sources – to give us a snapshot of the current status of this so-called 'pandemic'.

How much of the world's population is vaccinated?

Ever since the 'pandemic' broke in March 2020, novel, synthetic biology vaccines, based on synthetic mRNA and non-replicating viral vector technologies, were hailed as the best exit strategy. They were the heavy artillery to follow attempts to reduce transmission using national lockdowns, social isolation and masking.

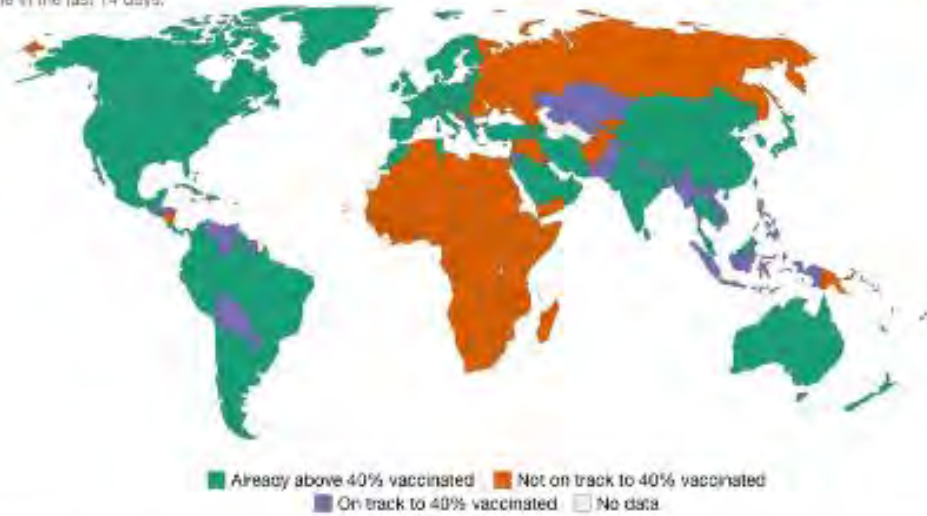
With a stated intent of achieving "[vaccine equity](#)", countries – such as the majority in sub-Saharan Africa – that have never had a discernible SARS-CoV-2 problem, are still being pushed to vaccinate at least 40% of their populations. Currently, according to official figures collated by [Our World in Data](#), while 46% of the world has received at least one dose, only 2.3% of people in low-income countries have had at least one dose. Global roll-out has meant nearly 6.4 billion doses have been administered, at a current and staggering estimated rate of 23.6 million shots per day.

Visually, using [Our World in Data](#) with its [inevitable limitations](#), it looks like this (Fig 1):

COVID-19: which countries are on track to have vaccinated 40% of their population with at least 1 dose by the end of 2021?

Projections are based on each country's last-reported vaccination coverage, and the number of people vaccinated for the first time in the last 14 days.

Our World
in Data



Source: Data collection and projections by Our World in Data, based on official sources. Last updated: September 30, 2021.
 Note: We exclude countries that have not reported data for more than 30 days. The global target of 40% has been set in August 2021 by the United Nations, World Health Organization, World Bank, International Monetary Fund, and World Trade Organization.
 OurWorldInData.org/covid19vaccines • CC BY

Figure 1. Global coverage below and above the targeted minimum threshold of 40% injected.

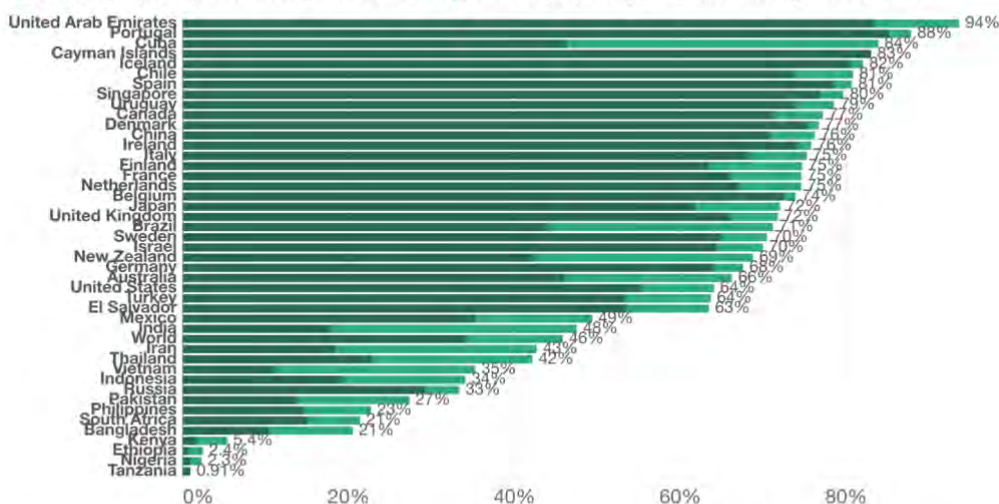
If you want to see progress of the global mass vaccination program by country (selected to show the huge range), check out Figure 2.

Share of people vaccinated against COVID-19, Oct 4, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Our World
in Data

Legend: ■ Share of people fully vaccinated against COVID-19 ■ Share of people only partly vaccinated against COVID-19



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.
 CC BY

Figure 2. Percentage of populations from selected countries partially and fully covid-19 injected.

How well is it working?

You'll recall the preliminary reports from national vaccination campaigns [reported](#) "*astonishing high levels of protection against disease*", well in excess of 90% claimed vaccine effectiveness – figures that were previously almost unheard of for more conventional vaccines.

That's much less the case today as the delta variant has become the dominant circulating variant in many countries.

The US Centers for Disease Control and Prevention (CDC) in the USA continues to position the injections as 'safe and effective', while [acknowledging](#) that there have been 22,115 breakthrough infections that led to hospitalisation or death. That's after more than 183 million people in the US have been vaccinated. This rate (0.012%) of course isn't the true breakthrough infection rate, it only includes breakthroughs that have included severe consequences, that may include both disease and adverse reactions to the injections.

Leaked [summary data](#) from health data company [Humetrix](#) – revealed by Ohio-based attorney [Thomas Renz](#) – show, among a sub-cohort of 5.6 million, [Salus cohort](#) of over-65 Medicare beneficiaries which is "80% fully vaccinated", a progressively declining vaccine effectiveness against infection as the delta variant became dominant between mid-May and mid-August 2021. Vaccine effectiveness is estimated now at just 41% and presumably will drop further.

This rapid change in dynamics would suggest any data analysis before this time should not be applied to populations exposed predominantly to the delta variant. Yet every day in the media we hear assertions from governments, health authorities and other policy makers that draw on findings from now irrelevant data.

The [Humetrix summaries](#) surmised that "*an estimated 60% of COVID-19 hospitalizations occurred in fully vaccinated individuals in the week ending August 7th*".

More concerning was that 71% of covid-19 cases [were reported](#) as breakthrough infections in the first week after the delta variant comprised more than 90% of infections (in the first week of August). Also, from the end of July, the breakthrough infection rate was found to be significantly greater for the Pfizer than Moderna vaccine.

Data on outcomes following confirmed delta variant infection in England and Wales [released routinely by Public Health England](#), compare hospitalisations and deaths in vaccinated and unvaccinated populations.

We have summarised some of the key data in Table 1.

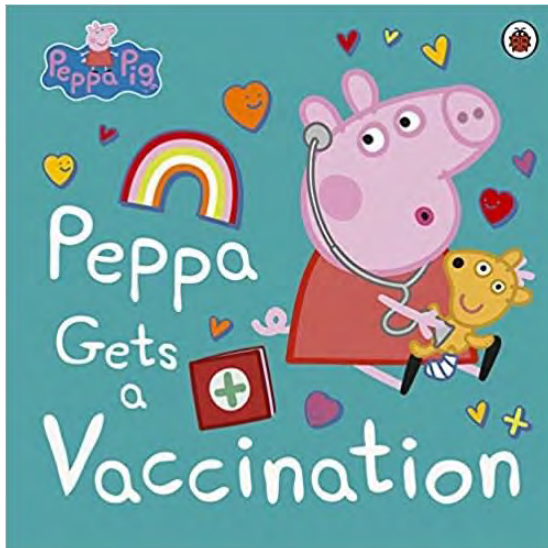
Table 1. Summary data derived from Public Health England Technical Briefing 23, from 1 February 2021 to 30 August 2021

	Hospitalisation (with at least 1 night overnight stay)		Case fatality rate (%)	
	Fully vaccinated	Unvaccinated	Fully vaccinated	Unvaccinated
Under 50	0.84	1.81	0.06	0.05
Over 50	5.44	20.89	2.17	6.90
Total	2.94	2.45	1.03	0.28

While the data reveal substantially higher hospitalisations and deaths among the unvaccinated compared with the fully vaccinated in the over-50 age group, this difference is markedly less in the under-50s. More importantly, while there are more deaths reported "with covid" among the unvaccinated over-50s, this is confounded by the fact that many older people are dying of comorbidities who have also tested positive for covid within the last 28 days.

Most importantly, in the under-50s, there is no reported increase in fatality rate among the unvaccinated - in fact, quite to the contrary: mortality is slightly less among this younger, unvaccinated group, as compared with those fully vaccinated. It is also likely, given the very low mortality rates, the vast majority of these deaths are not caused directly by SARS-CoV-2 infection.

These data do not justify the extreme and coercive pressure for the jobs being applied to the under-50s in England and Wales, and the UK generally. This is even more astonishing given the decision by the UK's Joint Committee on Vaccinations and Immunisations (JCVI) to not recommend, in early September, in favour of a "universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time."



The latest Peppa Pig book (Ladybird, paperback £6.99, Kindle £4.99) - on sale [on Amazon](#). Published on 30 Sept 2021; is this timing coincidental with a general push for encouraging reliance on vaccinations by families? **Action: Would you like to leave a review on Amazon?**

Is increased vaccination coverage associated with lower case rates and deaths?

While closely related to the previous question, understanding the relative outcomes of vaccinated and unvaccinated populations is particularly important given the need to justify the very high cost to society of publicly indemnified mass vaccination programs. Especially given the coercion being metered out to citizens over this novel and largely experimental form of medical intervention, that is also contributing to significant adverse effects among those injected (see more about this in next week's feature). One of the challenges we face is that there is no easy way to establish a causal (or otherwise) link between vaccination data and hospitalisations or deaths. The publicly available reported data, and even the death certificates in most countries, do not contain sufficiently detailed or reliable information.

This difficulty aside, it would seem that, given that in many parts of the world we're 9 months into the mass vaccination programme, evidence of widescale effectiveness of a vaccination programme would reduce covid-19-related deaths or hospitalisations (depending on the extent to which severe disease was prevented), as well as cases (depending on the extent to which transmission was reduced).

Our preliminary collation of the most recent data (up to October 4, 2021) – shown in Figure 3 – includes covid-19-related deaths and cases from the most heavily vaccinated countries in the world. The data are derived from two sources both relying on official data: [Our World in Data](#) provides the current vaccination rate and [Worldometer](#) provides the case and mortality rates, both of these being per capita (per 1 million population).

As with any preliminary data exploration, one might expect to see patterns reflecting either positive or negative associations. A pattern many would expect would be a positive association between the extent of vaccine coverage and reduced case rates. This wasn't

evident to us (Fig. 3). In Figure 4, we collated the same parameters for some additional countries of interest. Again we don't see a pattern. If you were to only look at UAE, Cayman Islands, Iceland and Singapore in Figure 3, or China in Figure 4 - it all looks good. But broaden your country search and the association appears to fall apart.

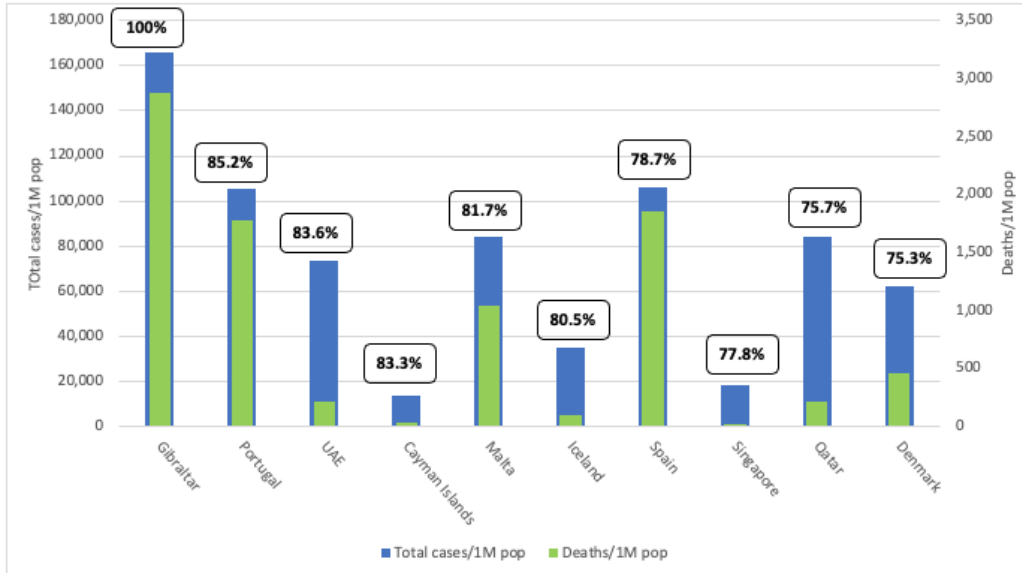


Figure 3. Comparison of SARS-CoV-2 infection cases with covid-19-related deaths per 1 million population for the world's most intensively vaccinated countries. Blue bars = cases/1 million population; Green bars = covid-19-related deaths per 1 million population. Lozenges above bars = percentage of the population fully vaccinated. Source data: Our World in Data, Worldometer.

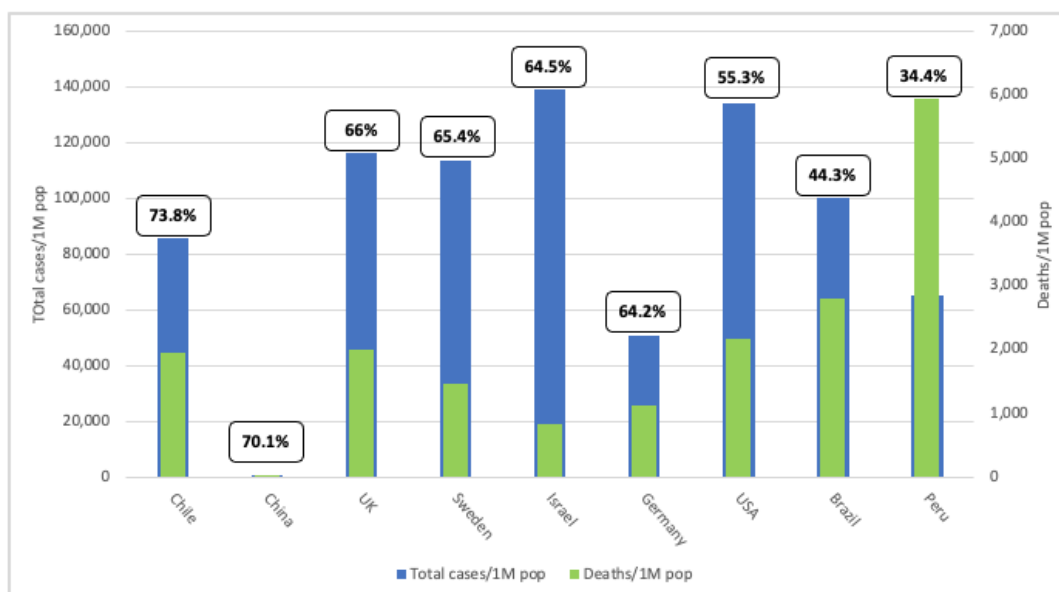


Figure 4. Legend as for Figure 3, but showing data for selected countries with variable vaccination coverage.

A trawl of the literature found a [paper on this very issue](#), also using datasets from Our World in Data (nearly everyone is reliant on the same data sets). Lead author of the study, published on September 30 in the *European Journal of Epidemiology*, was [Subu Subramanian](#), Professor of Population Health and Geography at Harvard University. The title tells you what's in the can, "*Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States*".

Talking of snapshots, Subramanian and co-author Akhil Kumar, plotted cases just in the last 7 days against population vaccination rates and also found no discernible relationship, at least not in favour of a positive effect on vaccination.

They wrote, "*the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days.*" This figure is shown below, in Fig. 5, and the trend line is the grey straight line suggesting a slightly positive relationship between vaccination intensity and cases in the last 7 days.

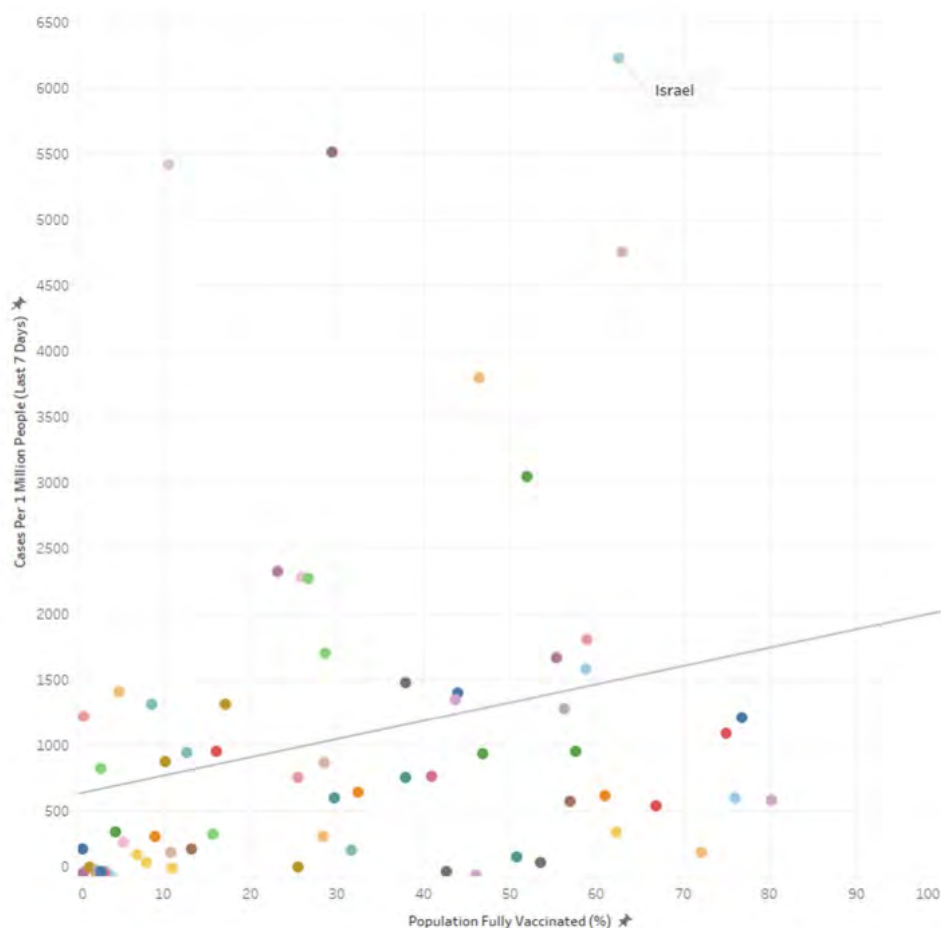


Figure 5. Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021.

They then conducted sensitivity analyses for both countries and states and counties of the USA – also incorporating a one month lag to take into account any delay in development of immunity (considered to take around 14 days) – and still found no association.

It's unquestionably a time for a rethink – or do the vaccine proponents think boosters will set the program back on course. We worry that it may have the exact opposite effect, in recognition of the [warnings issued](#) to deaf policy makers by vaccinologist Geert Van Den Bossche.

The data now in front of us make assertions that the unvaccinated are the primary threat to the vaccinated by the [likes of high-profile and influential scientists like Emmanuel Goldman](#) seem excruciatingly short-sighted.

How death rates compare with the pre-'pandemic' era

The same caveat applies to data on deaths as I mentioned above; covid-19-related deaths don't mean covid-caused deaths. In fact, the longer this 'pandemic' drags on, the more complex the causes of death are likely to become, owing to reduced healthcare access and effectiveness, along with the effects of depression and chronic stress mediated by the very difficult conditions such as loss of livelihoods and relationship breakdowns that so many are enduring.

Worse than that, the 'pandemic' could be made to run indefinitely if governments continue to rely on PCR tests to determine cases (as compared with cases of symptomatic infection). That's because Bayes' theory means that as true infection rates start approaching zero, 'cases' detected by PCR and other molecular tests [will appear to rise substantially owing to false positives](#)).

One way of looking at the threat of an infective pathogen is to see how it behaves in highly urbanised environments with populations that are known to be intrinsically susceptible. New York City likely fits that bill. So it was interesting that out of 15,230 confirmed deaths in New York City up to May 12 (as the Delta variant was beginning to take off), only 690 (**4.5% of all deaths**) [occurred in patients under the age of 65 who did not have an underlying medical condition](#) (or for which it is unknown whether they had or did not have an underlying condition).

But let's get a bit more big picture. As we've [explained before](#), we get one of the best handles on a pandemic's impact on mortality by looking at 'excess deaths' – those deaths over the expected death rate, usually based on the average over the previous years.

Looking at the most recent snapshot from [EuroMOMO](#) (29 participating countries, principally in Europe, but including Israel and Ukraine), we can start to see what we think is a disturbing trend in the 9 complete months of 2021. We've pulled off from the ['graphs and maps' section of the EuroMOMO site](#), in Figure 6, mortality rates for each of the 52 weeks of 2019 (grey line), 2020 (dark blue line) and 2021 (light blue line). The graphs for the age groups most susceptible to covid-19, 75 years and older (i.e. Fig. 6, graphs F to H), reflect expected greater excess mortality in 2020, compared with 2019 and 2021, during the first two waves. These waves were seen as distinct spikes in excess mortality, as measured by

z-scores, a well recognised measure of excess mortality (see ‘Z-scores by country’ at the base of the graphs and maps page of the [EuroMOMO website](#)).

However, in 2021, for the 15-44 years (that have very low risk of death from covid-19), as well as the 45-64 year and 65-75 year age groups (Fig. 6, graphs C, D and E, respectively), we see an alarming increase in excess mortality for 2021. This is all the more disturbing as significant excesses in mortality in 2021 for all age groups is only evident in a very small number of countries, notably Hungary, Ireland, Portugal, Spain and England (see [Z-scores, section of EuroMOMO website](#)), representing a small minority of the total EuroMOMO population.

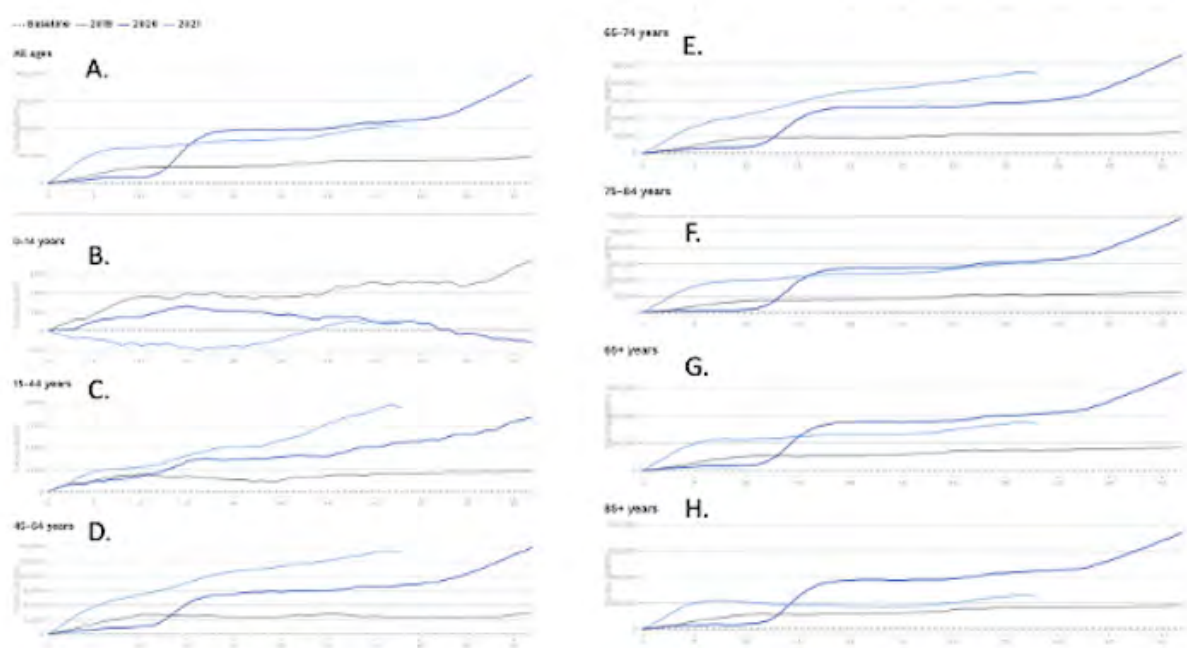


Figure 6. Excess mortality data from [EuroMOMO](#) for a range of different age groups.

The two most obvious factors contributing to this excess mortality in younger age groups in 2021 are likely:

- Mortality associated with the delta variant which tends to infect younger people more readily than the alpha variant
- Indirect and collateral effects of the pandemic

However, direct and indirect effects associated with vaccination cannot yet be discounted given the [likelihood of the underreporting of adverse events](#), as well as the potential for [antibody-dependent enhancement \(ADE\)](#) and immune disturbances ([including autoimmunity](#)).

Who transmits more: vaccinated or unvaccinated?

In a [study](#) on breakthrough infections published (as a preprint) in *The Lancet*, the delta variant was shown to be passed readily between healthcare workers in a Vietnamese hospital some 2 months after being injected with the AstraZeneca vaccine. The viral load in

the breakthrough delta variant cases was found to be 251 times (25,100%) greater in fully vaccinated workers than in those infected with the original Wuhan strain. Neutralising antibody levels were also found to be low in infected and injected individuals, explaining why transmission occurred so readily during the 2-week period of the study.

A [recent publication](#) on the preprint server *MedRxIV* by a team at Oxford University confirmed an ever more common finding: that viral loads of delta variant infections were similar irrespective of the vaccination status of the individual. That means the vaccine doesn't do what most people think, namely stop or reduce transmission between people. The sole remaining purpose of the injections is therefore as treatments to reduce the severity of infection – and in that case they should be compared against other treatments, especially early treatments such as [those including ivermectin](#).

"The vast majority of doctors are paralysed by the authoritarian system in which they now find themselves. They risk their livelihoods and careers if they speak out. Perversely, they are forced to sideline the four pillars of medical ethics that are central to good medical practice." - Rob Verkerk PhD

Not only that, like much of the emerging data, the study found that both the Pfizer and the AstraZeneca vaccines suffer waning effectiveness over time, especially now the delta variant is dominant. After 12 weeks there was no benefit in terms of reducing transmission.

This compares with natural immunity, in which, says [Shane Crotty from the La Jolla Institute in an article in *Science magazine*](#), "*immunological memory to SARS-CoV-2 has been observed for more than 8 months for CD4+ T cells, CD8+ T cells, memory B cells, and antibodies, with a relatively gradual decline that appears to partially stabilize within a year.*"

How dangerous is SARS-CoV-2 compared with other diseases?

A useful measure of the deadliness of an infectious disease is its case fatality rate (CFR) or infection fatality rate (IFR). It refers to the proportion of people who die primarily as a result of the confirmed infection. The trouble is that, historically for other diseases, cases have been defined as 'cases of symptomatic disease', not just 'cases of positive molecular tests'. Uniquely, with the roll out of mass molecular testing including PCR and lateral flow, reported 'cases' of covid-19 are not just symptomatic cases, they are cases of positive test results, including those who are asymptomatic and those who've had false positive test results. In short, the reported 'covid-19' cases are not directly comparable with other diseases.

But as always, it is better to explore the available data than to ignore it. As it happens, a [comprehensive list of case fatality rates has been created in Wikipedia](#). It lists SARS-CoV-2 in a rather lowly 54th place, with a case fatality rate of 1.6%. That puts it below HIV/AIDS, tuberculosis, dengue, typhoid, pertussis (whooping cough), measles in developing countries, and hepatitis A.

This Wikipedia quoted fatality rate is crude and does not take into account the necessary adjustments, as argued by [Stanford's John Ioannidis](#), the world most published scientist, who proposes [a global case fatality rate for SARS-CoV-2](#) at around one-tenth of the Wikipedia estimate – just 0.15%.

If that wasn't enough, the UK government does not rate SARS-CoV-2 as worthy of being considered a '[high consequence infectious disease](#)' (HCID).

Familial/household transmission

Household transmission is the most important kind of transmission, especially while populations have been forced to reduce community transmission through social distancing and related measures. However, there is an overwhelming body of evidence showing that younger people and children are not only less likely to become ill, they are also less likely to be infected than older people. Households with more than 3 people have lower secondary transmission rates than those with only two people. This is at least in part a function of probability (if the virus only has one host to infect as opposed to 4 or 5....you get the picture).

Different studies have revealed different estimates of transmission risk or secondary attack rate. A study [published in JAMA Network Open in February](#), prior to the delta surge, showed a transmission risk of just 10%. This contrasted with a [Wuhan study published in The Lancet](#) which estimated the secondary transmission rate at 15.6%. A [Swiss study](#) published in *Nature* found transmission to approximate to a 1 in 6 risk (17.3%). The [UK Household Transmission Evaluation Dataset](#) (HOSTED) found that household transmission (based on diagnosed secondary cases) in England between June and September 2020 ranged between 4 and 6.4 per 100 household contacts.

For children, transmission risk is much lower again. [Secondary attack rate \(SAR\) estimated in children in Korea](#) was found to be just 0.5%.

All this explains why many of us are aware of multiple cases in which infected individuals who've been sharing beds under the same roof have often failed to pass on infection.

More than that - absent from the public narrative is that transmission to healthy people with robust immune systems, is likely the best exit strategy we could have from this. Sadly, irrespective of the science, you won't hear those deeply invested in the global vaccine supertanker wanting to change direction any time soon.

Snapshot take aways

Our assessment of the available data raises a number of important points:

1. There is now an ever increasing amount of data to suggest that the global mass vaccination program is failing, especially as the delta variant
2. In particular, the vaccine does not appear to stop transmission and, more disturbingly, vaccination intensity may be associated with marginal increases in case rates. This may be an early signal for [antibody-dependent enhancement of disease \(ADE\)](#) or the impact of immune system disturbances ([including autoimmunity](#)) in

vaccinated individuals. No one is served trying to push such issues under the carpet; independent research and open scientific discourse is the solution, not the problem

3. The virus poses an incredibly low risk to younger healthy people, but there is a concerning increase in excess mortality for age groups between 15 and 75) noted in the 2021 EuroMOMO datasets. This requires investigation as to its potential causes
4. There appears to be no current scientific basis on which to apply - *to any age or population group* - coercion as a means of increasing vaccine coverage
5. There is no apparent justification for continuing to maintain 'pandemic' status. Health authorities continue to use case rates based on molecular testing, not deaths, hospitalisations or press on acute medical services to justify the pandemic. They also ignore the fact that most cases are best treated early, at home (see [guidance at the World Council for Health website](#)). Pandemic status continues to give governments unjustified reason to apply escalating and often authoritarian controls over their citizens.

Subversion of the practice of medicine

In many countries now, the state has replaced the doctor as the prime authority in matters concerning health in relation to the risks of this new infectious disease. States have removed the capacity of shared decision-making between doctors and their patients, as well as [medical informed consent by the individual](#), both of which are fundamental to good medical practice.

This is fascinating.

I am apparently no longer allowed to read the New England Journal of Medicine.

They have blocked my internet protocol address. pic.twitter.com/IWWEPhxXLN

— Robert W Malone, MD (@RWMaloneMD) [October 7, 2021](#)

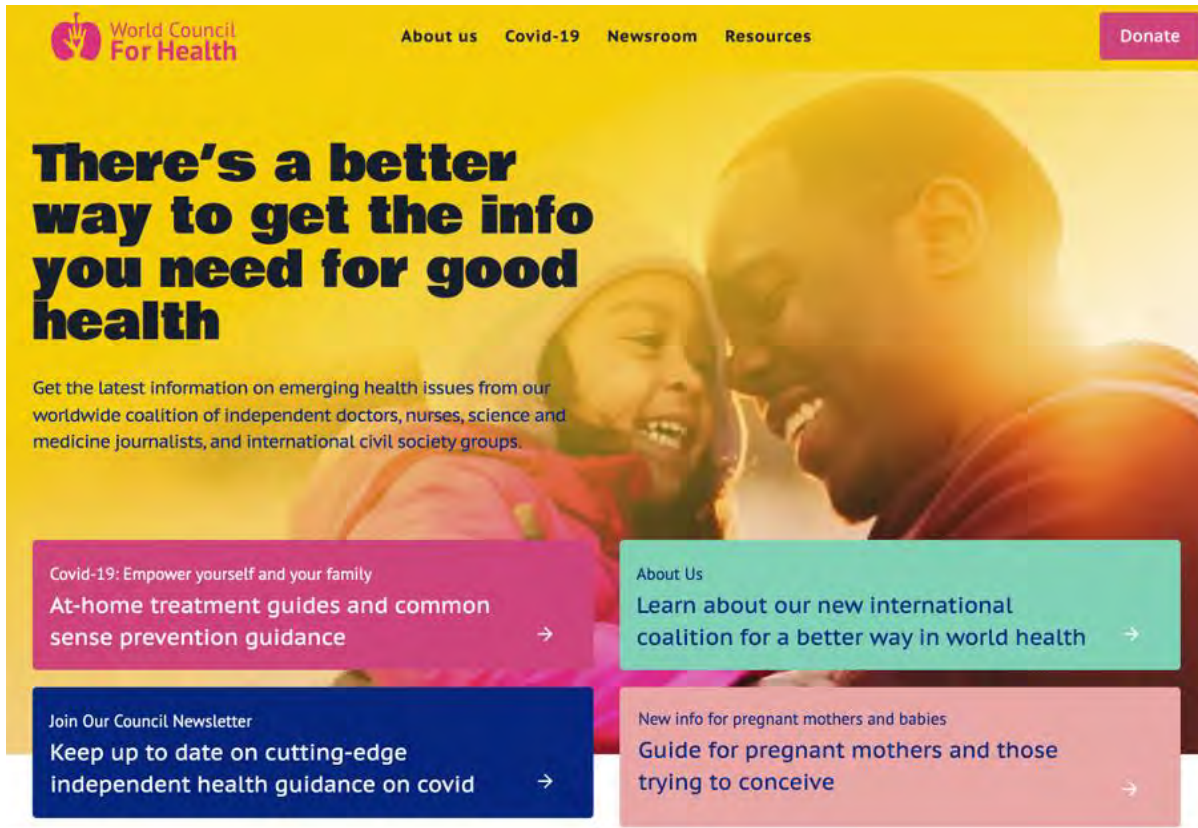
A tweet this morning by Dr Robert Malone, the co-inventor of mRNA vaccine technology. He has been outspoken over the scientific basis for global mass vaccination, especially involving younger healthy individuals, and has been the victim of extreme censorship and marginalisation.

The vast majority of doctors are paralysed by the authoritarian system in which they now find themselves. They risk their livelihoods and careers if they speak out. Perversely, they are forced to sideline the [four pillars of medical ethics](#) that are central to good medical practice, namely:

- Autonomy – respect for the patient's right to self-determination
- Beneficence – the duty to 'do good'
- Non-Maleficence – the duty to 'not do bad'
- Justice – to treat all people equally and equitably.

That's why we're working so hard with our doctor, scientist and lawyer colleagues in the new umbrella with which we're closely affiliated, the [World Council for Health](#). Central to our

shared mission is to provide honest and reliable information to the public, because this can no longer be sought from most doctors who became victims of the coercive regime of top-down, institutionalised, authoritarian public health that's emerged as a result of this 'pandemic'. The vast majority of health authorities, and virtually all mainstream media and social media channels are complicit, so also cannot be trusted.



The screenshot shows the homepage of the World Council For Health website. The header includes the logo, navigation links for 'About us', 'Covid-19', 'Newsroom', and 'Resources', and a 'Donate' button. The main headline reads 'There's a better way to get the info you need for good health'. Below this, a sub-headline states: 'Get the latest information on emerging health issues from our worldwide coalition of independent doctors, nurses, science and medicine journalists, and international civil society groups.' The page features four colored call-to-action boxes: a pink box for 'Covid-19: Empower yourself and your family' with a link to 'At-home treatment guides and common sense prevention guidance'; a teal box for 'About Us' with a link to 'Learn about our new international coalition for a better way in world health'; a dark blue box for 'Join Our Council Newsletter' with a link to 'Keep up to date on cutting-edge independent health guidance on covid'; and a light pink box for 'New info for pregnant mothers and babies' with a link to 'Guide for pregnant mothers and those trying to conceive'.

The newly launched World Council for Health website – www.councilforhealth.org.

Enough is enough. Solidarity is emerging to bring together people from divergent backgrounds to help solve the crisis that has been engulfing us. One expression of this solidarity is the [#enoughmovement](#), of which we're also active members.

Given the widespread suppression of balanced information and scientific analysis, please can we ask you to share this article widely. Thank you.

Next week, we'll be publishing here on our website Part 2 of this Feature. We'll be looking closely at individual susceptibility to SARS-CoV-2, what you can do to provide protection given the threat of third or fourth waves, potentially exacerbated by vaccine breakthrough and selection pressure from global mass vaccination. We will also be evaluating available data and information on adverse reactions attributed to covid-19 injections.

Covid bites (week 41/2021)

Date: 14 October 2021

A roundup of global covid news and information

Content Sections

- [Covid coercion](#)
- [Jabs and kids](#)
- [People pushback](#)
- [Covid 'vaccine' news](#)
- [Covid profiteering](#)
- [Lockdowns harms revealed](#)
- [Natural immunity and treatments](#)

There appears to be an increasing desperation behind the authoritarian measures being imposed and threatened. Nooses are tightening, citizen controls expanding in many countries as liberties are removed. But the resistance movement is very much alive and well and showing no signs of backing down.

People continually proving that together we are stronger and can certainly overcome the challenges being presented. Citizens will prevail. There is everything to play for.

Covid coercion

- In the UK, the government is looking to [renew the Coronavirus Act](#) in order to continue its ability to impose authoritarian restrictions on UK citizens. The vote is due to take place on the 19th October so there is limited time to get your voice heard. If you don't support yet another renewal of such powers that are likely to result in the introduction of vaccine passports and more removal of freedoms, there is a petition circulating. You can find it [here](#)
- Canada has taken another giant leap towards totalitarian rule with the [announcement](#) that citizens will need to be fully vaccinated in order to fly, travel by inter-provincial train or go on a cruise ship. The announcement also establishes a requirement for businesses in the air, rail and marine sectors to mandate vaccination for their employees. Those that refuse to be vaccinated will be [forced to take unpaid leave](#) unless they have a medical exemption
- Having [initially eschewed](#) the use of vaccine passports, a state in Ontario has taken things even further by [banning people who are unvaccinated](#) from getting married
- As the politics around covid becomes ever murkier and polluted, MPs in Victoria, Australia, are reportedly [going to be banned from voting and entering](#) Parliament for refusing to be jabbed or disclosing their vaccination status
- Desperate governments in Europe are withdrawing free lateral flow tests (LFT) in an effort to nudge those who choose not to be injected into abandoning their position. In

the UK, the government is proposing the [withdrawal of tests](#) under the guise of saving money. In [France](#), those who are vaccinated will continue to enjoy free testing, but dare to remain unvaccinated and you will have to pay.

Germany [scrapped free LFT tests](#) on the 11th October as part of efforts to increase levels of vaccination

- In complete contrast, Texas Governor, Greg Abbott, has [issued an executive order](#) prohibiting any entity from compelling people, whether they're an employee or customer, to be injected against covid-19. Governor Abbott said the 'vaccines' "*should remain voluntary and never forced*".

Jabs and kids

Pfizer is [planning to apply for authorisation](#) to vaccinate babies in the coming weeks. It has already [applied for emergency approval](#) to vaccinate children aged 5-11 based on data collected over mere months. The data has not been made publicly available, instead the announcement has been made via a [press release](#) once again.

People pushback

- Sixteen university athletes in Western Michigan in the US have [won another round](#) in their legal battle against vaccine mandates. The Court upheld their complaint that by ignoring their religious exemptions the university had violated their First Amendment rights
- University of California (UCLA) anesthesiologist, Dr Chris Rake, has been [placed on unpaid administrative leave](#) after refusing to be covid vaccinated or request an exemption. In an extraordinary display of strength, Dr Rake [filmed himself](#) as he was escorted from the building saying "*I'm willing to lose everything [...] even my life*" as he stands up for his beliefs and freedoms
- In Canada, Dr Daniel Nagase has [lost his job](#) after treating seriously ill covid patients with ivermectin, two of whom were responding well to its use. Following his removal, the use of ivermectin and other medications used by Dr Nagase to treat his patients were withdrawn. Rather than stay silent Dr Nagase has gone public to highlight the continued denial of life-saving treatments to covid patients. Also in Canada, up to 600 doctors could be [suspended from practice](#) for taking a stance and not complying with vaccine mandates
- Firefighters in Los Angeles are [suing the city](#) over vaccine mandates — 871 firefighters have now joined the lawsuit saying they've previously had covid or citing concerns about the potential harms from the 'vaccines'
- Healthcare workers in New York State have [won a preliminary injunction](#) against the state's attempt to remove their right to religious exemptions from covid injections. The injunction prevents the Department of Health from enforcing any requirement that denies or revokes the right to religious exemptions from covid vaccination
- Southwest Airlines pilots are [reported to have instigated a 'sick out'](#) resulting in thousands of flights being cancelled last weekend. The move comes as part of the pushback against mandated vaccines brought in by the airline. The Southwest

Airlines Pilots Association is also [suing the airline](#) over the mandates. Needless to say the airline has done its best to dismiss the claims to little effect

- An [open letter](#) has been sent to Canadian officials in Okanagan Valley by a group of health professionals concerned about the severe harms caused by covid-19 restrictions and vaccines. In it, the signatories state they are standing against coercing people to accept an experimental medical treatment and that they are pro-science, pro-transparency, pro-choice, pro-informed consent and pro-unity. The letter authors call on concerned Canadian citizens to [share the letter widely](#)
- The Los Angeles County Sheriff has [said](#) he will not risk losing hundreds of his officers by enforcing vaccine mandates after City chiefs brought in one of the strictest requirements in the US
- Reports from Italy [bring news of massive strikes](#) threatening to cripple the country as ordinary citizens resist the imposition of vaccine mandates and the Green Pass.

Covid 'vaccine' news

- Stars of the sports world are speaking out over the harms they've suffered following being jabbed against covid. French tennis ace Jeremy Chardy has [gone public](#) after suffering debilitating health issues following the jab saying, "I cannot train, I cannot play". NBA player, Brandon Goodwin's, career has [been put in jeopardy](#) after he suffered blood clots following vaccination
- [Finland, Iceland, Sweden, Denmark and Norway](#) have all suspended the use of the Moderna covid vaccine due to concerns over the incidence of myocarditis in young men
- Two new studies published in the *New England Journal of Medicine* ([here](#) and [here](#)) using data from Israel add to concerns over the development of myocarditis in previously healthy young men, particularly after the second dose of the Pfizer vaccine
- Efforts to vaccinate pregnant women are intensifying after a new [retrospective cohort study](#) based on data from a single healthcare setting in Israel between March and September 2020 was published in *The Journal of Maternal-Fetal & Neonatal Medicine*. The authors conclude that there is an increased risk to pregnant women and babies of serious covid disease and complications. The study notes only one woman died, and there was no significant increase in caesarean births or preterm births among the 172 individuals studied. Submitted in February 2021 it's somewhat coincidental that the publication of the study in October has come just as a ramping up of the campaign to vaccinate pregnant women begins
- Many are now anecdotally reporting the sudden onset of aggressive cancers or the recurrence of cancers in remission following covid vaccination. The problem, which has yet to appear in the scientific literature, is [discussed](#) by leading cancer writer, Chris Woollams, founder of the cancer charity, Cancer Active, in a new blog
- Much is being written about the waning immunity of covid vaccines in an effort to justify the use of booster jabs, including a [new study](#) published in *The New England Journal of Medicine*. The problem is highlighted by a [report](#) published in *Eurosurveillance* charting a covid outbreak in an Israeli hospital originating in a fully vaccinated patient. Of those subsequently infected, the majority were

vaccinated. Those that went on to become seriously, critically ill or died were also fully vaccinated. Following on from these studies a [new paper](#) from Israeli researchers casts serious doubt on the Israeli government's mandate that all Israeli citizens should receive a booster shot due its lack of ability to provide additional protection

- As if the Israeli 'study' isn't enough, Pfizer is [reportedly planning](#) to vaccinate an entire Brazilian city to study the long-term effects and safety of its covid-19 'vaccine'.

Covid profiteering

Having abandoned its attempts to engineer a covid vaccine, Merck has now [announced](#) the development of a covid pill, molnupiravir, designed to treat mild to moderate covid-19 disease. Despite significant concerns over the drug's potential to [cause damage at a genetic level](#) Merck has applied for [emergency use authorisation](#) in the US. Merck has been [slammed](#) for hiking the cost of the drug by 40 times its production cost. Once again there is no transparency around the introduction of the drug as Merck continues the use of [press releases](#) to communicate the results of trials of the new drug.

Lockdowns harms revealed

The harms of lockdowns on cancer patients is revealed in a [new study](#) published in *The Lancet Oncology*. The results of the research reveal the huge decrease in cancer operations leading to a reduction in survival times for those patients adversely affected.

A [German court has ruled](#) that covid restrictions imposed in Bavaria between April 1 and 19 2020 were "*ineffective*" and violated German law, which expressly forbids the introduction of any law that disproportionately disadvantages those it affects.

Natural immunity and treatments

Even a mild covid-19 infection can pr

duce robust and long-lasting natural immunity. [Publishing in Microbiology Spectrum](#), researchers found immunity persisted for at least six months and those who have been infected are protected from reinfection.

Attacks are now being [levelled at the use](#) of nebulised hydrogen peroxide as an effective early intervention for those with covid-19. The use of hydrogen peroxide was an integral part of the [protocol](#) successfully employed by Dr David Brownstein with his patients suffering from covid-19 along with the use of iodine. A [recent preprint study](#) supports the use of nasal irrigation with iodine to combat covid-19. Covid patients in the study that used iodine were found to be more than 8 times less likely to be hospitalised than the national rate.

[#enoughmovement](#) #solidarity

Is fear inducing learned helplessness?

Date: 14 October 2021

ANH executive coordinator Meleni Aldridge explains why it's so important we regain poise and sovereignty over our lives

Content Sections

- [Fear is meant to be a powerful motivator](#)
- [Behavioural vs biophysical fear](#)
- [Learned helplessness](#)
- [Stepping out of the vicious cycle](#)
- [Further support:](#)

By Meleni Aldridge, executive coordinator, ANH-Intl

Fear is an evolutionary survival emotion deeply hardwired into our genetic blueprint. It triggers a number of downstream reactions and responses in the body all designed to help us take immediate action in a bid to keep us alive. Hence, we are not designed to experience fear on a long-term, repeated, groundless basis.

As we're not adapted to such extended exposures, we suffer a range of negative consequences. Not least of which is learned helplessness that arises when one has become conditioned to fear that appears inescapable - or elements related to it, such as pain, discomfort and suffering.

Our survival circuitry may have kept us alive thus far through evolution, but it also means we humans can be relatively easy to condition. If it only takes 30 days of daily repetitive action to form a new habit pattern, just consider what 19 months of unrelenting 'pandemic culture' can do to someone who's deeply afraid and vulnerable?

[Fear is meant to be a powerful motivator](#)

As humans, we don't just share a genetic blueprint in common, we also share fears that have evolved with us through evolution e.g. heights or insects or snakes for instance, which can, and have, all caused lethal injury.

These fearful emotional responses originate in our limbic system - a group of component structures that show the highest neuronal activity during emotional experiences. It's also referred to as the 'emotional' brain or [the paleomammalian brain](#). A clue as to how early it developed in human evolution.

The paleomammalian brain is important for motivation and emotion, needed for feeding, reproducing, looking after offspring and for enhancing learning and memory. Understandable that these would be linked, as they're all necessary for our survival - particularly learning from experience to avoid danger, creating emotional attachments and passing on knowledge to the next generation.

As we evolved, diverse types of fear were characterised by the world as we knew it and our response to the elements within it. We developed adaptations which explain our response and reactions to different fears. This is also why some fears are shared by all mammals, such as the fear of heights, loud noises and looming objects.

The fear of snakes and dangerous reptiles is thought to be common to all higher primates, including us. Venomous creatures like snakes and spiders presented lethal danger through their bites. However, other fears such as those related to insects and mice, are considered to have developed more latterly during the Paleolithic and Neolithic eras, linked to their ability to carry dangerous pathogens that caused sickness and a risk of death.

The fear of invisible pathogens is still very much in evidence today because we're hardwired for survival and averse to risks that might initiate activities that lead to extinction. We've developed system sensitivity arising from the selection pressures from these types of danger. But we're also sensitive to the danger of isolation - being ostracised and thrown out of the community was a threat to survival for our ancestors. It explains a lot about why humans become so compliant and malleable when offered a lifeline to extract them from fear - even if that fear is perceived and not real; and the lifeline is anything but.

Behavioural vs biophysical fear

Fear has been described as the most toxic of all emotions because of its devastating effect on individual functioning, its ability to reduce the brain's capacity to store and process information and its inhibition of the ability to learn or problem-solve. In this helpless place, we become highly suggestible and unquestioningly compliant.

A new study out of Cambridge University, UK, looking at the psychological and socio-political consequences of infections differentiates the immune system into two distinct systems. The biophysical immune system is the one we know well that responds to pathogens in order to detect and eradicate infection. The other, these researchers offer, is the behavioural immune system, which adapts our behaviour to pre-emptively avoid potentially risky things - including infections, people and places. This thinking builds on the premise of evolutionary psychology and the role of the paleomammalian brain in our survival as a species.

The Cambridge researchers have found that high rates of infectious diseases and the disease-avoidance behaviour they promote may fundamentally shape political opinions and social institutions. Fear conditioning basically, but expressed in more palatable, academic terms. Their results support the notion that there is a social and behavioural mechanism connecting infection risk and authoritarianism.

A high prevalence of human-to-human infections (or even just the perception of such risk) appears to lead to conformist and obedient social arrangements. In other words, compliant and malleable humans.

Learned helplessness

Martin Seligman and Steven Maier's work on '*Learned Helplessness: Theory and Evidence*' in the 60s and 70s was as ground-breaking as it was brutal for the animals

involved. Pivotal work that has shaped the field of psychology since then and which has a bearing on where we find ourselves 19 months on in 'pandemic culture'.

Having established the evolutionary connection to fear and its 'toxic' implications, we can't ignore Seligman's work that illuminates why some human behaviours then become overtly counterproductive. After enough fear conditioning, animals as well as humans, will stop trying to avoid the pain even if there are opportunities to escape. Instead, when they start to believe - or perceive - that they have no control over their situation, they begin to think, feel and act as if they are helpless. The complete flipside to free, sovereign beings who know they are free and think and behave as such, even if circumstances appear just the opposite.

As Seligman discovered, learned helplessness is called such because it is not an innate trait. We are born free, sovereign beings and the concept that we have no control over what happens to us through life is alien to us. It's only through learned behaviour, if we are unaware, that we can be conditioned through experiences - or our perception - that we have no control. We then, perversely, give over our authority willingly.

This early work proposed that subjecting people to situations in which they have no control (or importantly, perceive they have no control) results in three major deficits — motivational, cognitive and emotional. Essentially the notion that one's circumstances are uncontrollable, the inability to mount a response to escape/make change and the depressed state that ensues.

From here it's not too much of a stretch to enter a state of 'universal helplessness' where Seligman and colleagues describe a personality who believes nothing can be done about the situation they are in, and no one can alleviate the pain/discomfort/suffering. The result is even deeper depression.

Seligman's work also described phenotypes such as global helplessness, chronic helplessness and transient helplessness. All are models of learned helplessness arising from the same core issue. Unsurprisingly, when you throw poverty, anxiety and acute stress (perhaps from polarisation, division and discrimination?) into the mix, the outcomes are associated with even more negative health symptoms, personality traits and tendencies.

It's fitting that Prof Seligman now runs the [Positive Psychology Center at the University of Pennsylvania](#) which helps thousands to improve their quality of life by re-instigating neural pathways that inspire empowerment and avoid helplessness.

Stepping out of the vicious cycle

However, looking solely to psychology for the answer seems a complex one involving re-education of parts of the brain, an understanding of neuroscience and a prolonged course of treatment. With deep respect for such treatments that have helped many, our current situation demands a different response. With remedies that are more simple, more immediate, more widely available and more accessible - empowering, positive, lifelines if you will.

Casting back, as we do at ANH, to our evolutionary roots; a large part of the answer lies with Nature and our inherent origins. Fear is meant to be short-lived and resolvable,

therefore actions which create a pause, a break from the fear, some space and security are all positive interventions. Being out in nature has the power to create such pause. So does breathwork, even short bursts if that's all the busy, 'monkey mind' will allow.

Turning off or away from the source(s) of fearmongering is key, which usually involves leaving the mainstream media and switching to sources of more empowering information, knowledge and sharing that resonates with our deep instinct for truth. It's not just important to stay in the present moment, it's essential for our health and well being — and to antidote fear conditioning. So much of the information that is creating fear now is all based in something that may or may not happen in the future. That kind of thinking takes us out of our present moment where the outcome or situation we fear isn't actually happening. It's an insidious mind warp that draws us into contributing to the creation of the 'thing' or the situation we fear because we're thinking about it all the time with great emotion.

Reaching out to and meeting others of like mind by joining new communities contributes to much-needed feelings of safety and security, of belonging to a tribe. But above all, taking actions that remind us of our sovereignty, that we're not alone and that we are not helpless. Our thoughts fuel intent, which is the basis of all creation. It's what makes us such powerful beings.

If more of us would recognise and believe in the power we each hold and then put our creative intent towards a positive, shared goal for people and planet, our current reality would transform dramatically for the better and in a shorter time frame than many expect. We all hold sufficient power within us by opening our hearts to empathy, compassion and love, to elevate out of division, polarity, anger and even fear-conditioning and learned helplessness.

We are likely passing through a watershed in human evolution, something anthropologists might in times to come refer to as a 'bottleneck', depending on the outcome of the choices we make now. However, the major difference today from previous times in history is that the challenges we've experienced during this pandemic have brought a new level of awareness to many and with it, a natural rise in consciousness.

The going might be tough, but aware and conscious beings will always tip the scales in favour of sovereignty and away from fear-conditioned helplessness. We have a lot to look forward to.

Covid bites (week 42)

Date: 20 October 2021

A roundup of global covid news and information

Content Sections

- [Covid coercion](#)
- [Imperial College downgrades pandemic to epidemic](#)
- [Covid lawsuits](#)
- [People pushback](#)
- [Covid whistle-blowers](#)
- [Covid censorship](#)
- [Covid vaccines](#)
- [Covid treatments](#)

It's a packed roundup this week as the corona crisis shows no signs of slowing down. We see the continued introduction of draconian restrictions through the use of vaccine mandates and passports designed to force citizens to opt for the jab to maintain their livelihoods, feed their families and access the freedom of travel. The other choice is to opt to become somewhat of a pariah (depending where you live) and to join the 'out crowd', not the 'in crowd'.

As always, there is a silver lining. Citizens across the globe are coming together in greater numbers to 'Hold the Line', say #Enough is enough and to pushback against the restrictions #Together.

Covid coercion

- Colorado state university is [threatening to arrest](#) any students that have not received a covid 'vaccine' should they attempt to enter the university campus
- The Collège des médecins du Québec (CMQ) is [forcing its members](#) to be injected with a covid 'vaccine' in order for them to continue to practice. The mandate comes just a day after the CMQ [published a notice](#) on its website reminding members that *"...no examination, treatment or medical intervention, required or not by the health status of the individual, can be accomplished without the free and informed consent of that individual."*
- In Germany a [2G rule has been created](#) to 'allow' businesses, including food shops, to actively discriminate against anyone choosing not to be injected against covid. An increasing number of federal states are now implementing the model in an effort to force more German citizens into submitting to the injections.

Imperial College downgrades pandemic to epidemic

Is the pandemic now an epidemic? According to a [recent update](#) from Imperial College on the REACT-1 study, “*The epidemic overall is therefore neither growing nor shrinking...*”. This suggests, what many scientists have consistently predicted, that the virus would inevitably [become endemic](#), has now happened. However, such a change in terminology has yet to make its way into mainstream media.

Covid lawsuits

Top doctors and scientists from around the world, under the umbrella of [Public Health and Medical Professionals for Transparency](#) (PHMPT), have come together to [file a lawsuit](#) against the Food and Drug Administration (FDA) to obtain the supporting data for its decision to approve the Pfizer covid-19 injection. The lawsuit follows a Freedom of Information Request, which the FDA has not, as yet, responded to.

Members of all five branches of the US military, federal employees and federal civilian contractors have joined forces to bring a [class-action lawsuit](#) over the Department of Defense’s covid ‘vaccine’ mandates saying the mandates violate their religious beliefs after they were refused exemptions on religious grounds.

Many concerned relatives have [filed lawsuits](#) in the US, trying to force hospitals to use ivermectin to treat their sick loved ones, despite an ongoing campaign to smear the effectiveness of the drug. In some cases, despite a ruling that a hospital should administer ivermectin to a patient, hospitals have [refused to administer it](#) leaving patients in dire straits.

Efforts to overthrow vaccine mandates in Australia have been [dealt a blow](#). A judge has upheld the medical tyranny being foisted on Australian citizens, and ruled that vaccine mandates are legal and that they do not violate bodily integrity. However, the good news is that [the Aussies aren't giving up](#).

People pushback

- Top NBA star, Kyrie Irving, has in essence, [turned down](#) a multi-million \$ deal by refusing to be ‘vaccinated’ against covid. His team, the Nets, has now told him that if he continues to refuse the jab he’s off the team. Despite pressure from the Nets, Irving has dug his heels in and refused, reportedly saying, he’s opposed to people losing their jobs due to vaccine mandates and that he wants to be a “*a voice for the voiceless*”
- Port workers at Trieste in Italy [continue their blockade of the port](#) as they go head to head with the Italian government over the introduction of the Green Pass. Reports from the front line show police gassing and spraying protestors with water cannons. Despite squares full of protesting citizens, official supposed ‘live’ webcam footage from multiple cameras [shows](#) just one peaceful empty square as authorities desperately try to cover up the extent of the protests and resistance
- A Canadian doctor is [speaking out](#) against mandated vaccines after she witnessed first-hand, the terrible toll being wrought on the health of those lining up to be jabbed. In a [letter](#) to the CEO of Alberta Health Services, the doctor, who remains anonymous for fear of retribution, expressed her opposition to the mandates. She has also helped to form [Health Professionals United](#), a group made up of thousands of healthcare workers in Alberta province, to [fight against injection mandates](#)

- Thousands of workers across the US and Canada are standing together against mandated covid injections:
 - The International Association of Sheet Metal, Air, Rail and Transportation Workers has [sent a letter](#) to the Union Pacific Company to say it strongly disagrees with the company's requirement for its employees to be jabbed
 - Boeing Workers in Seattle have been [protesting](#) against mandates
 - [Moving footage](#) from Seattle shows Police and Firefighters returning their boots after they [were fired](#) for refusing to be jabbed. The Seattle Police Officer's Guild has slammed the city's vaccine mandate in a [statement](#)
 - Following the introduction of mandated vaccines health care workers in Quebec [took to the streets](#) to protest in a 'March for the uniformed'
 - Canadian National Railway workers have issued a [cease and desist letter](#) to the company over its 'vaccine' mandates. Should the company continue with threats to fire or suspend workers without pay a class-action lawsuit will be brought seeking punitive damages for violating its employees human rights
 - Thousands of New Yorkers [took to the streets](#) to protest the introduction of mandated covid jabs at a rally attended by Children's Health Defense Chair, Robert F Kennedy Jr, along with its President, Mary Holland. Holland told the crowd "*we are winning*"
 - Following an alleged 'sick out' and [protests](#) by Southwest Airline employees along with the filing of a lawsuit against vaccine mandates, Southwest Airline CEO Gary Kelly [has said](#) he never wanted to instigate a mandate and that he was only 'following orders'
 - A Washington State University football coach and four assistants have [lost their jobs](#) after they refused to comply with covid jab mandates
 - Action4Canada is [calling on parents](#) to serve Notice of Liability letters on school board trustees in a pushback against attempts to mandate the jabbing of school children
 - An estimated 3,220 Chicago police officers are [reported](#) to be defying the City's jab mandates
 - A UK man who was due to be prosecuted for organising a protest during lockdown has had his case [thrown out of court](#) shortly before it was due to be heard. His lawyers had planned to fight the prosecution using article 10 and 11 of the Human Rights Act. After the legal argument was sent to the CPS the case was discontinued.

Covid whistle-blowers

- A US nurse who was fired for refusing to be jabbed has [claimed](#) that the hospital where he worked has lied about bed shortages due to covid patients saying the reality does not match media reporting
- Physician Assistant Deborah Conrad has [spoken out](#) after letters sent by her solicitor to the Food and Drug Administration (FDA) and Centers for Disease Control (CDC)

reporting discrepancies in the reporting of vaccine adverse events and the numbers of vaccinated people being admitted were ignored. She alleges even though less than 50% of the community she's a part of have been 'vaccinated', approximately 90% of hospital admissions were vaccinated individuals, many of whom were young and presented with unusual or unexpected health events. She also alleges the hospital where she worked told her not to file VAERs reports for suspected adverse reactions

- A US based physician has sent a [solicitor's letter](#) to the FDA and CDC after she received no response when she tried to report her concerns over the increased levels of vaccine injured patients being admitted to the ICU where she works.

Covid censorship

Ole Skambraks has worked for German public broadcaster ARD for more than 12 years. He has decided he can no longer remain mute over levels of censorship and lack of transparency around the topic of the coronavirus crisis. In an [open letter](#) he says he, "...can no longer silently watch what has been going on for a year and a half now within my organization...". He concludes by saying he feels like a "heretic", that he hopes he won't be punished for speaking out and that his letter may allow him to enjoy constructive exchanges with his colleagues.

Covid vaccines

- The Senate in France has [voted against](#) making the Covid vaccine mandatory for all citizens
- Moderna booster shots have been [unanimously voted through](#) by an FDA panel for over 65s, over 18s at risk and frontline workers.
- Amidst mounting concerns over heart issues in young people following receipt of the Moderna jab the FDA is [delaying the approval process](#) for the jab for use in adolescents
- The UK's NHS is encouraging pregnant women to get 'vaccinated' against covid quoting new data in a [press release](#) showing they are at high risk of complications if they contract covid. It's of little surprise that the supporting data has not been made available as yet to allow for independent verification
- After thousands of menstruating and menopausal women raised concerns over menstrual irregularities following covid vaccination a [new preprint study](#) finds that there is a very real issue and calls for more research to investigate the biological mechanisms driving the problems
- Levels of viral shedding from infected individuals has been confirmed as being the same whether vaccinated or unvaccinated in a [new preprint study](#)
- UK MP Sir Christopher Chope has introduced a private members' bill entitled '[Covid-19 vaccine Damage Bill](#)' into Parliament. The purpose of the bill is to create an independent review of damage caused by covid-19 vaccinations and the adequacy of compensation being offered. Sir Christopher [explains his reason](#) for the introduction of the bill in an interview with GB News

- In a rarely seen move, a [paper](#) written by Jessica Rose and Dr Peter McCullough, entitled 'A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products' published in *Current Problems in Cardiology* linking a spike in myocarditis cases in teenagers and the commencement of covid vaccination, has been [temporarily removed](#) without any explanation from the publisher or notification to the authors. UPDATE 30/10 - the paper has now been [permanently removed](#)
- The Mexican government has been [ordered](#) by a Federal Court Judge to offer covid-19 vaccines to all children aged 12-17 following a legal challenge from a child seeking to be jabbed.

Covid treatments

- The State of Nebraska's Attorney General has just [released an opinion](#) on the off label use of ivermectin and hydroxychloroquine for prevention or treatment of covid-19 [saying](#) that physicians should be allowed to prescribe both drugs in order to save lives, keep patients out of hospital and provide relief to healthcare systems
- The day after investigative reporter Mary Beth Pfeiffer outed the FDA for lying about calls to a poisons hotline in regard to ivermectin her [Twitter account was suspended](#) for seven days. Another case of 'cancel culture' covering up the lies and deceit in those of positions of power?
- Dominican doctor, Dr José Natalio Redondo, [has revealed](#) that 99.3% of covid patients given early treatment for covid-19, including the use of ivermectin recovered within five days of symptoms starting
- Researchers [publishing in](#) the *International Journal of Infectious Diseases*, provide yet more evidence of the benefits of using melatonin to treat covid-19 concluding that it can prevent complications, reduce mortality rate and be beneficial as an adjuvant therapy. Melatonin also plays a key role in the Front Line COVID-19 Critical Care Alliance (FLCCC) [covid-19 prevention and early treatment protocol](#)
- The Thai Government is claiming it's successfully treating mild covid disease in its prison population using *Andrographis paniculata*, otherwise known as green chiretta. Thousands of prisoners with mild symptoms were treated with green chiretta with a reported 99% recovery rate.

Let the numbers do the talking...

Date: 20 October 2021

We summarise Rob Verkerk's last two articles in our new infographic that represents the latest official data on harms and benefits of the jabs

Content Sections

- [A pandemic of propaganda or a “pandemic of the unvaccinated”?](#)

Over the past two weeks, we've released two very in-depth, data-laden articles about the current crop of covid jabs: the first dealing with purported benefits; the second dealing with harms. We're aware that they're both hefty reads that come with a significant time tag. So this week we offer you a short, visual, summary with some key numbers. We hope this speaks volumes in a shorter timeframe and that you can share this article and the infographic as widely as you can.

Here's a reminder of the links to the full-length feature articles:

>>> [Part One: Latest snapshots of a moving target of a 'pandemic'](#)

>>> [Part Two: How safe are covid 'vaccines'?](#)

[A pandemic of propaganda or a “pandemic of the unvaccinated”?](#)

We are navigating a deeply uncertain world at the moment, made all the more challenging by a lack of coherence between the mainstream narrative and the scientific data that is currently available. Political (and other) agendas abound to further muddy the waters. The following infographic is a visual snapshot of a few of the latest numbers.

Forgive the baldness of the delivery. Numbers shouldn't lie, but they can easily be twisted and turned to say something differently. Fauci, Biden and others may be trying to persuade people that this is a “... [pandemic of the unvaccinated](#)” in order to coerce more into accepting the jab, but we leave you to look at the figures below and come to your own conclusion.

You can also listen to an [excellent round table exchange](#) between 8 eminent doctors and scientists who share their clinical experience and explain why they have dissenting views compared with those of the 'mainstream narrative'.

(Click on the image below to download the PDF - please share widely!)

20 October 2021

COVID VACCINE RISKS AND BENEFITS IN NUMBERS



IS COVID VACCINATION EFFECTIVE?

At the outset...

- 95%** Initially claimed efficacy of Pfizer and Moderna jabs
- 94.5%** Initially claimed efficacy for Johnson & Johnson jab
- 70.4%** Initially claimed efficacy of AstraZeneca jab

Latest snapshots...

- 41%** Effectiveness against infection in over-65 Salus cohort (5.6 million), USA (Humetrix)
- 71%** Breakthrough infection rate among fully vaccinated individuals in Salus cohort (Humetrix)
- 0.6%** Infection Fatality Rate for fully vaccinated under-50s in England & Wales (Public Health England)
- 0.5%** Infection Fatality Rate for unvaccinated under-50s in England & Wales (Public Health England)

6 months

Maximum duration over which most covid vaccines have been found to be effective (Levin et al. NEJM 2021)

COVID VACCINE DEATHS AND INJURIES REPORTED TO VAERS VERSUS OTHER CAUSES OF DEATH

Deaths or permanent disabilities per 100,000 partially or fully vaccinated US population

- 7.5** Deaths
- 8.1** Life threatening injuries
- 10.9** Permanent disabilities
- 34.7** Hospitalizations

Deaths from other causes per 100,000 population

- 14.5** All suicide deaths
- 11.5** Motor vehicle traffic deaths
- 12.1** Firearm deaths
- 5.8** All homicides
- 4.4** Firearm homicides
- 4.3** Drug overdose deaths involving heroin

Sources: VAERS and CDC

GLOBAL MASS VACCINATION AND "VACCINE EQUITY"

6.4 billion

Number of covid-19 vaccine doses administered to-date

46%

Percentage of the global population that has received at least one covid jab

40%

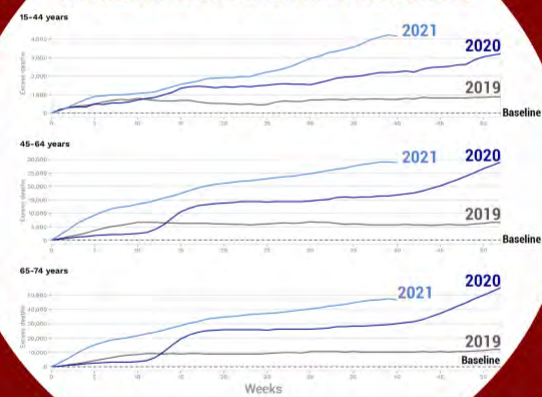
Commitment by UN, WHO, IMF and WTO to ensure at least this percentage of every country's population has received at least one dose by the end of 2021

2.3%

Percent of the population in low-income countries that has been injected so far

Source: Our World in Data

EXCESS DEATHS AMONG YOUNGER AGE GROUPS ACROSS EUROPE & ISRAEL ARE GREATER IN 2021 THAN EITHER 2020 OR 2019



Source: EuroMOMO

Covid bites (week 43/2021)

Date: 29 October 2021

A global roundup of covid news and information

Content Sections

- [Lawsuits](#)
- [Pushback](#)
- [Misinformation](#)
- [Suicides](#)
- [Covid injections](#)
- [Covid science](#)

Dive in and digest bite size news from around the world about covid-19 and the human response to it.

Coercion

- Canadian MPs who choose not to receive a covid vaccine will not be allowed to enter the House of Commons. The far reaching discriminatory decision was made by just seven of the nine members of the Board of Internal Economy
- A former privacy commissioner in Canada has warned that vaccine passports being mandated by many governments will create highly intrusive surveillance systems that will not only require people to reveal private health information, but will be able to track their location. Dr Ann Cavoukian says the passports bring with them serious privacy concerns and create a system that allows governments to “...*know where you were, at what time, who you were with.*”
- New Zealand prime minister, Jacinda Ardern, is seen smirking and nodding enthusiastically in a recent video interview when questioned about the creation of a two-tier system of vaccinated and unvaccinated people due to restrictions being imposed by her government. The New Zealand government has stated restrictions will not be lifted until 90% of the population has submitted to being injected
- With pressure to introduce vaccine passports in the UK continuing, a leaked report from the Department of Digital, Culture, Media and Sport (DCMS) has revealed the true cost of their introduction. The report says vaccine passports could move people to smaller venues and cost large venues millions in lost revenue as well as acknowledging the difficulty in checking people entering venues where they may be required and lose the British economy up to £18 bn.

Lawsuits

- New York's largest Police union has [filed a lawsuit](#) to block a vaccine mandate due to take effect at the end of the month
- Following the declaration by Spain's top court that the first lockdown in 2020 was unconstitutional any citizens that were fined for transgressions during the period will have the [money refunded to them](#)
- An temporary injunction against the mandation of vaccines has been [granted to six health workers](#) in Ontario following a legal challenge. In his assessment the judge noted "*[t]he harm raised by the applicants is potentially serious and cannot be undone.*"
- Nearly 4,000 airline workers have joined US based [Airline Employees 4 Health Freedom](#) (AE4HF) since it was set up earlier this year to [fight against vaccine mandates](#). The organisation is planning more lawsuits following a successful pushback in September against United Airlines, which blatantly ignored a restraining order
- The [Coalition for Healthcare Workers Against Medical Mandates](#) is currently battling for the freedom of the people of Maine to be able to choose whether they want to accept covid jobs. The coalition of healthcare workers has already filed a lawsuit seeking an injunction against vaccine mandates and has now filed a lawsuit complaint as the battle continues.

Pushback

- Country star Travis Tritt has [said](#) he will not play any venues that discriminate against concert goers based on their medical status. As a result of this decision several shows have now been cancelled
- Dr Paul Alexander is former Assistant Professor at McMaster University in evidence-based medicine, former COVID Pandemic evidence-synthesis advisor to WHO-PAHO Washington, DC (2020) and former senior advisor to COVID Pandemic policy in Health and Human Services (HHS) Washington, DC during the Trump administration. Like other dissenting scientists, he has sacrificed his career to speak out and express his concerns around the coronavirus pandemic. He has now no option but to set up a [fundraiser campaign](#) to help fund his continued work to oppose vaccine mandates and protect children from the risks and potential harms of covid jobs
- The [Awaken India Movement](#) has written an [open letter](#) to the Indian Prime Minister calling for covid-19 'vaccine' clinical trials in children to be stopped, no rollout of covid-19 vaccines for children, no testing of asymptomatic children, children should be treated using Ayush protocols and not be given experimental drugs, no testing, tracing or quarantine for anyone
- Australian MP, Pauline Hanson, has [introduced legislation](#) in Parliament designed to make it unlawful to discriminate against Australian citizens and residents who exercise their right to choose not to be vaccinated against COVID-19
- Despite being closed down temporarily, Californian burger drive thru restaurant In-N-Out, has [refused to budge](#) on its stance against government diktats requiring it to discriminate against its customers on the grounds of covid 'vaccine' status

- An open letter from [Mounties for Freedom](#) expresses Canadian Mounties concerns over increasing mandates for law enforcement personnel to be jabbed by covid 'vaccines' against their will. The letter expresses Mounties' strong opposition to the discrimination that is segregating a previously unified Canada, referring to the creation of [in-groups and out-groups](#) and the terrible toll this is taking on the lives of Canadian citizens
- Thousands of Firefighters and Police Officers took the streets in New York City to [protest against](#) vaccine mandates and stand up for freedom of choice
- In an [interview on Fox News](#), Yale Epidemiology Professor, Dr Harvey Risch, said he would rather take a healthy child out of school to homeschool rather than allow them to be given a covid jab
- [Nearly 1,900 federal employees](#) in Washington state have either quit their jobs or been fired for refusing covid jabs. The State government has so far shrugged off the losses saying it's been preparing for months for this outcome; time will tell exactly what impact the staff losses will truly have
- Also in Washington State the prison system has [lost 350 employees](#) as people stand firm against mandated jabs
- Canadian MPP, [Randy Hillier](#), has written an [open letter](#) to the commissioner of Ontario Public Health requesting an urgent investigation of a rash of sudden and unexpected deaths in young people in the province of Ontario following receipt of covid jabs
- Former England footballer, Gary Neville, has [spoken out](#) against the pressure being put on professional football players in the UK to be jabbed against covid in a [recent podcast](#). He said he's 100% against mandated vaccines and called for open discussions to take place around why players don't want to take the risk of suffering adverse reactions. This discussion is noteworthy given the importance of marginal gains - or losses - for elite athletes, whose risk to severe covid-19 disease is very low based on their generally high levels of health
- Up to 8,000 workers at the US based Mayo Clinic [could lose their jobs](#) for not agreeing to be jabbed against covid. A large demonstration took place in Rochester, where the clinic is based, with protestors calling for an end to medical tyranny and chanting "*shame on Mayo*"

Misinformation

Canadian broadcaster CBC, was [caught bang to rights](#) after footage shot in a fake hospital setting that used mannequins as patients, was used as part of a story about covid projections and modelling. MP Pierre Poilievre [tweeted](#) "*The government wants to censor citizens supposedly to protect us from "misinformation" online. Yet the government's own broadcaster gets caught in brazen dishonesty.*"

Suicides

Child suicide attempts in France have jumped significantly since the beginning of the coronavirus crisis according to a [new study](#) published in *JAMA Network Open*. Researchers looked at suicide attempts in children aged under 15 years. In September to October 2020

rates increased by 116% and by 299% in November to December compared to corresponding periods in 2019

Covid injections

- Quality issues continue to plague covid 'vaccines'. Japan seems to have received more than its fair share, with 1.6 million doses of Moderna's jab being withdrawn owing to magnetic "[particulate matter](#)" in vials, while "[white-coloured floating substances](#)" have been found in Pfizer's. Despite this, and likely aided by the Tokyo Medical Association's decision to [recommend use of ivermectin](#), Japan's covid-19 problem has [rapidly dissipated](#).
- A [new study](#) published in *Nature Medicine* concludes that the Astrazeneca and Pfizer vaccines are linked to serious and potentially life-threatening adverse reactions. The Astrazeneca injection was associated with an increased risk of Guillain-Barré syndrome and Bell's palsy, while the Pfizer/BioNTech jab was found to increase the risk of hemorrhagic stroke. The risk of adverse reactions was found to be greater following a positive covid test
- An [advisory panel](#) to the Food and Drug Administration (FDA) in the US has [recommended](#) emergency use authorisation of covid vaccines for children aged 5-11 despite the lack of risk to them from covid. It's being [reported](#) that one member of the panel, Dr Eric Rubin said "*We're never going to learn about how safe the vaccine is unless we start giving it, and that's just the way it goes. That's how we found out about rare complications of other vaccines.*"
- A [new study](#) published in *Cellular & Molecular Immunology* suggests the mass 'vaccination' of people against covid is causing the [SARS-CoV-2 virus to mutate](#). Researchers looking at the A.30 variant found that it can mutate to evade vaccine derived antibodies
- The most recent [COVID-19 vaccine surveillance report](#) (week 42) from the UK Health Security Agency shows covid infection rates in those who're double jabbed continue to rise, meaning unadjusted vaccine effectiveness continues to decline. [Infection rates](#) in the double jabbed are 124% higher in those aged over 40, 103% higher in those in their 50s and 60s and 101% in the over 70s
- In a recent [tweet](#), Dr Scott McLachlan reported that a midwife in a large hospital told him that there's been a cluster of seemingly healthy newborn babies dying within 48-72 hours of birth from pulmonary haemorrhage. Anecdotally, all mothers were reported to have received covid vaccines during pregnancy
- Moderna has [announced plans](#) to develop a multi virus mRNA vaccine designed to target covid, RSV and flu
- UK citizens [have been warned](#) they may not be able to go abroad next year unless they have received at least 3 jabs. The Care minister, Gillian Keegan, said that the definition of fully vaccinated is likely to "evolve over time" in a scenario similar to that of Israel
- China is reported to be [bringing in new lockdowns](#) after a surge of infections (100) in its Northern regions. The outbreak has occurred even though 75% of the Chinese population has now been jabbed

- A new preprint study highlights the [reducing effectiveness of covid 'vaccines'](#) between February 2021 and August 2021 due to the Delta variant. Researchers reported a decline of up to 40% across all vaccines currently in use in the US
- In the UK, the British Medical Association (BMA) has [reiterated its opposition](#) to mandated vaccines for doctors and health workers after the Health Secretary said he was “*leaning towards*” compulsory jabs. The BMA is rightly concerned about the impact on those who choose not to be vaccinated who may leave their jobs or be sacked for not complying and the ensuing staffing problems it will bring to a system that’s already understaffed and under extreme pressure.

Covid science

- Babies born during the pandemic may have lower IQs than those born prior to the pandemic. A [new preprint study](#) from researchers at five US universities found babies born during the pandemic had a cognitive score 22 points lower than babies born pre-pandemic based on the [Mullen scales of early learning](#). Researchers blamed reduced interaction with parents stressed from juggling home working and childcare and other children along with increased exposure to electronic devices. The researchers don’t appear to have considered how mask wearing may have also impacted development
- Obesity puts covid patients at higher risk of needing intensive care and dying according to [new research](#) published in *PLOS*. The conclusions come from Swedish researchers looking at Swedish ICU data from the first wave in 2020.

Covid bites (week 44/2021)

Date: 3 November 2021

A global roundup of covid news and information

Content Sections

- [Coercion](#)
- [Lawsuits](#)
- [Pushbacks](#)
- [Whistleblowers](#)
- [Censorship](#)
- [Covid injections](#)
- [Treatments](#)
- [Natural immunity](#)

This week's bite size news from around the world about covid-19 and the human response to it, sees an increase in both the coercion aimed at forcing people to be covid jabbed, along with a significant increase in pushbacks from those determined to hold the line and not bow to such pressure.

Coercion

- Italian citizens have continued to protest against the introduction of the Green Pass. In Trieste, where protestors have been blockading the port, the local Mayor is [reported](#) to be banning all demonstrations until the end of the year and threatening to punish anyone who dares continue with the protests through the [use of punitive fines](#). He has also said that he will bring in a requirement for masks to be worn both indoors and outdoors blaming the measures on a rise in covid infections due to the protests
- A surge in infections in Greece has seen the government [laying blame at the door of those who are unvaccinated](#), despite robust evidence to show both vaccinated and unvaccinated individuals have the same risk of becoming infected and passing on the virus to others. Anyone who is not jabbed will have to show a negative test to be able to access many facilities and provide twice weekly tests to access workplaces. Business owners will be the target of increased fines for non-compliance
- German officials are [considering banning](#) unjabbed people from the Christmas markets if they can't show proof of recovery from covid infection
- In Austria, the government has [threatened to lockdown](#) anyone who has refused a jab as they also [see a surge](#) in infection rates
- The New South Wales government has [lifted restrictions for double jabbed residents](#) earlier than expected, but continues to maintain lockdowns for anyone who has yet to be jabbed as it attempts to bully and coerce people into being injected

- In the UK, covid jabs are to be [made compulsory for all NHS workers](#) from April 2022. The health secretary has delayed implementation of the new mandate over fears of a mass exodus of staff from an already overstretched service facing potentially increased winter pressures
- Care homes in the UK already struggling with a chronic shortage of staff now risk losing even more staff as [thousands face being sacked](#) for not complying with job mandates. It's estimated up to 60,000 workers could be affected by the crackdown, not to mention the impact on those who rely on their services.

Lawsuits

- The state of Iowa has [joined with ten other states in a lawsuit](#) to prevent mandatory covid injections for federal employees. The Governor of Iowa [said](#) that whilst she believes vaccination is the best defence, people should not be forced to choose between their job and personal beliefs
- A federal judge in Washington state has [issued a temporary restraining order](#) to prevent the Biden administration from firing unvaccinated civilians and active-duty military personnel while they have their requests for exemptions processed. The order was issued on the same day that Florida governor, Ron DeSantis, announced that the state has [filed a lawsuit](#) challenging the Biden administration's vaccine mandate for federal employees
- The Southwest Airlines pilots union has [lost its case](#) requesting a temporary block on vaccine mandates for its employees. The judge ruled that the airline was within its rights to require vaccination in order to provide a safe working environment
- In Chicago Police officers won't have to meet a 31st December deadline to get covid injected after a [judge granted](#) part of a temporary restraining order. However, the judge ruled that the vaccine mandate would remain and that the city could continue to discipline those who refuse to disclose their covid vaccination status
- In the UK despite a judge refusing permission for a judicial review to prevent the ongoing jabbing of children aged 12-16, a [new legal challenge](#) has been filed [due to mounting concerns](#) over the safety of the jabs for children.

Pushbacks

- After 26,000 firefighters and other public employees in New York City continued to refuse covid jabs, [26 fire stations across the city have been closed](#). Firefighters are also reported to be calling in sick piling the pressure on state governor De Blasio to remove his vaccine mandates. [Rubbish is now starting to pile up](#) across New York as the city suspends more federal workers who are refusing to be injected
- Tennessee has stepped up to the mark by [passing a bill](#) that outlaws vaccine passports and job mandates, and provides protection to doctors and health professionals who [speak out against the covid shots](#), amongst a raft of anti-covid restriction measures
- US Congresswoman Kat Cammack, is [promising to help](#) any federal employee or business affected by the Biden Administration's vaccine mandates in the US that wants to fight back

- Australian citizens have taken inspiration from France and [started having picnics](#) in the streets outside restaurants and bars that are enforcing job passports
- Around 12,000 US air force personnel have [declined covid jabs](#), leaving the military with a dilemma on how to deal with the opposition without depleting its forces and ability to deploy quickly in an emergency
- Nurses in British Columbia, Canada who refuse the job and have lost their jobs have come together to set up new health care clinics across Canada. Named Ezra Wellness, the clinics will welcome everyone regardless of job status and see a return to proper health care delivery. You can find out more about the [Ezra Wellness clinics and their services on Facebook](#)
- Across the pond, also driven by the failing health system here in the UK, [Humanity UK](#) is seeking to unite clinical and holistic health care to ensure that all clients, regardless of vaccine status, have access to health services. Already hundreds of skilled professionals, such as doctors, nurses, allied health professionals, holistic therapists, and practitioners, are uniting to offer a service to achieve optimal health in mind, body, and soul
- Rapper turned actor, Ice Cube, has [walked away from](#) a lucrative movie deal after he refused covid shots
- South Dakota state governor, Kristi Noem, has [signed an Executive Order](#) to protect federal employees, as long as they have a medical or religious exemption, against President Biden's job mandates [saying](#) "... *they're not authorised and not permitted by the federal government...*"
- Nearly 200 Queensland police officers have been granted exemptions from covid jabs, although 130 have been suspended for [refusing to comply with jab mandates](#). Also in Queensland, [up to 7,000 healthcare workers](#) are reported to be refusing covid jabs, despite mandates requiring them to be injected. So far 4,000 workers have been suspended causing chaos in the healthcare system. The Health Minister is reported to have said she isn't concerned about the disruption to healthcare services resulting from the pushbacks
- Tens of thousands of UK citizens [took to the streets of London](#) once again on Saturday 30th October to protest against the potential introduction of vaccine passports. The march stood in solidarity with Australian citizens outside the Australian embassy
- In South Australia, [3,000 nurses and health care workers](#) took [to the streets to protest](#) against mandated covid jabs
- Thousands [turned out in Melbourne](#), Australia over the last weekend in October to protest against brutal covid restrictions and job mandates. Protestors called for the sacking of Dan Andrews who is pushing for the introduction of continued emergency laws that will give him sweeping powers to impose future restrictions with little or no oversight
- [Hospitals4Humanity](#) is a newly founded association committed to ensuring that the rights and freedoms of healthcare workers in Swiss hospitals are protected and respected. It particularly advocates that hospital staff should be allowed to make

properly informed decisions about any medical intervention without fear of reprisal or discrimination

- Four committed and outspoken European MEPs [held a press conference](#) last month to speak out against the use of covid certification and the oppression of European citizens. The press conference called "Defending fundamental rights by opposing the misuse of Digital Green Certificate" saw MEPs: Christine Anderson (Germany, ID), Francesca Donato (Italy, NI), Ivan Vilibor Sinčić (NI, HR) and Cristian Terheș' (ECR, RO) impassioned speeches. They followed their initial press conference with a [second](#) a week later to continue their bid to protect of the rights and freedoms of European citizens
- Deni Varnhagen of the Australian Football League Women (AFLW), has [spoken out](#) about her decision to refuse covid jabs during a recent protest. Varnhagen who is a nurse said, *"Everyone should have the right to choose what enters their body"*
- Healthcare workers in Victoria have set up a [GoFundMe campaign](#) to raise money to fight the state's vaccine mandates. Both vaccinated and unvaccinated workers are standing together to oppose the removal of an individual's right to choose whether to accept a medical intervention or not
- Quebec has [dropped jab mandates](#) for university and school teachers and staff citing the high levels of people who have already been injected
- One of Canadian prime minister, Justin Trudeau's, elite bodyguards is putting his job on the line [to speak out](#) against the introduction of jab mandates, calling them authoritarian as he calls on Canadian citizens to stand up to draconian government dictats that are increasingly removing their basic rights and freedoms
- Two petitions have been launched in Australia as part of moves to resist government coercions. The [first](#) has been set up to oppose a new bill that will give Dan Andrews' government almost unlimited power to instigate lockdowns and other restrictions at will, without specific cause. Australian citizens are also encouraged to write to their Upper House MPs to urge them to reject the bill. The [second](#), set up by MP George Christensen, calls for Australian citizens to give their support to a Bill seeking to abolish discrimination based on job status.

Whistleblowers

The BMJ has [published damning allegations](#) from two whistleblowers exposing serious issues within Pfizer's covid vaccine trials. The pair detail serious concerns over poor practices at Ventavia Research Group employed to carry out part of the phase III trials. Allegations include the company falsified data, unblinded patients, employed inadequately trained vaccinators and was slow to follow up on reports of adverse events. The same day one as of the whistleblowers reported her concerns to the FDA, she was fired by Ventavia. It's exactly for these reasons that ANH and the British Society for Ecological Medicine (BSEM) sent an [open letter to Matt Hancock](#) in April 2020 detailing concerns related to lack of vaccine transparency and published its 10-point transparency approach

May 2020

VACCINE TRANSPARENCY Manifesto





We are all looking forward to exiting from lockdowns and being able to avoid distancing and other measures imposed as a result of the Covid-19 pandemic. Many consider a vaccine the surest option, but that is conditional on vaccines being found both effective and safe.

The timetable currently being considered by governments and health authorities does not allow sufficient time for the phased evaluation process normally used by regulatory agencies to evaluate effectiveness and safety, that typically includes animal studies (multiple species) and both preclinical and clinical trials.

This means that post-marketing surveillance will provide key information on longer-term safety, with our populations in effect being the 'guinea pigs'. It is also likely that the vaccine manufacturers will be indemnified by governments in the event of any vaccine-induced injury.

The main safeguard for the public will therefore be transparency, something that was lacking through the development of several recent vaccines (e.g., Pandemrix®, Cervarix®, Gardasil®).

PUBLIC SAFETY, THE DEMOCRATIC PROCESS AND FULLY INFORMED CONSENT MUST NOT BE SIDELINED IN THE HASTE TO GET AN INCOMPLETELY DEVELOPED VACCINE TO MARKET.

ASK YOUR MP OR MSP TO SUPPORT THE VACCINE TRANSPARENCY MANIFESTO

Find your MP in UK:
<https://members.parliament.uk/>

THE 10-POINT VACCINE TRANSPARENCY MANIFESTO

1. Full disclosure of raw data from studies and trials to allow independent analysis
2. Full transparency in relation to safety and efficacy trials
3. Full transparency over the vaccine platform(s) and technology used for commercial vaccines
4. Conduct of comprehensive studies evaluating the independent risks from adjuvants (additives)
5. Full disclosure of vaccine composition in commercial formulations
6. Full transparency of all adverse event data in all studies and post-marketing surveillance
7. Clarification of eligibility and criteria for no-fault vaccine injury payments or compensation
8. Clarification of nature and extent of government indemnity of manufacturers in the event of vaccine injury
9. Public dissemination of extent of naturally-acquired (herd) immunity prior to vaccine roll-out and individual consent
10. Involvement of elected representatives in due democratic process should mandatory vaccination be contemplated by authorities

FIND OUT MORE

ANIinternational.org
 CovidZone.org
 Tel +44 (0)1483 352 200
 Email info@aniinternational.org

Alliance for Natural Health Int'l
 Old Station House
 78 Dorking Road
 Chilworth, Surrey GU4 8NS
 United Kingdom

A joint initiative of the Alliance for Natural Health International and the British Society for Ecological Medicine.
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Censorship

- Censorship has taken on a sinister edge as preprint server MedRxiv has refused to publish a paper criticising the accuracy of UK government datasets used to compare covid mortality rates between jabbed and unjabbed people. This is highly unusual as preprint servers rarely refuse to publish scientific publications prior to peer review
- The Front Line COVID-19 Critical Care Alliance (FLCCC), which advocates the use of ivermectin for the early treatment of covid, is the latest organisation opposing covid measures to have its PayPal account shutdown without warning. In a seemingly coordinated attack the organisation also suffered extreme censorship across its social media accounts

- Following its [temporary removal](#), a peer reviewed paper authored by Jessica Rose PhD and Dr Peter McCullough linking reports of myocarditis with vaccines has now been [permanently removed](#). The paper can be accessed [here](#).

Covid injections

- Researchers [publishing](#) in *Cell Discovery* have sounded a warning over the effects of covid jabs on those with pre-existing illnesses after their research revealed dramatic changes in the genetic expression of a range of immune cells. They call for caution when vaccinating those with comorbidities and warn of potential long-term issues and the risk to general human health of these new, experimental jabs
- In an acknowledgement of the risks of covid jabs, the UK Government is [calling on anyone who suspects they may have been harmed](#) following a covid jab to report it to the Medicines and Healthcare products Regulatory Agency (MHRA) [Yellow Card scheme](#) as part of the global #MedSafetyWeek campaign from 1-7 November 2021
- A [new study](#) released by the [Institute for Pure and Applied Knowledge](#) takes apart a [study](#) used by the Centers for Disease Control (CDC) to promote the 'safety' of covid jabs in pregnancy. The study rips through suggestions that the jabs are safe for use in pregnancy exposing serious errors in the original study and concludes that women are at a 7 to 8 times higher risk of miscarriage than posited in the original study
- A [Swedish preprint study](#) provides further evidence of the lack of effectiveness of covid jabs over time. Researchers found the ability of the jabs to prevent infection dropped to near enough zero while their ability to prevent serious illness also declined significantly. They also pointed out that older, frail men and those with comorbidities experience a much quicker rate of loss of effectiveness. A [second study](#) published in the *New England Journal of Medicine* using data from Israel confirms the reduction of effectiveness of covid jabs to protect against the delta variant within a few months
- The ability of jabbed individuals to transmit the SARS-CoV-2 virus [has been confirmed](#) by researchers writing in *The Lancet*. The study found fully jabbed individuals have the same viral load similar to someone who's not been jabbed and can therefore "...efficiently..." transmit the virus to others, albeit in a household setting
- An independent group of Israeli physicians, lawyers, scientists, and researchers called the Professional Ethics Front [sent a letter](#) to the US Food and Drug Administration (FDA) expressing their "*severe concerns*" regarding the reliability and legality of official Israeli COVID vaccine data, prior to FDA discussions on authorising COVID-19 vaccines for children aged 5-11. Sadly, the warning has gone unheeded as both the [FDA](#) and [CDC](#) have authorised the emergency use of covid injections for younger children
- In an [explosive video](#) Canadian doctor, Dr Rochagné Kilian, shares her serious concerns about the effects of covid jabs on recipients blood. As an emergency physician she's used to using d-dimer tests and quickly became concerned as more and more jabbed people ended up in her emergency department and their d-dimer tests showed massive clotting problems. Having received no answers within the medical system Dr Kilian has resigned from her position so she can expose the

problems, warn people about the risk to their health following covid jobs and find answers

- Barcelona football star, Sergio Aguero, was taken off the pitch recently after [suffering breathing problems](#) and what appear to be heart related issues. His on pitch replacement, Philippe Coutinho also went on to experience breathing issues that required hospital attention. An Icelandic football player, Emil Palsson (age 28), [collapsed with a heart attack](#) during a game in Norway
- Pfizer has modified the formulation of its covid 'vaccine' by [adding an ingredient](#) used to stabilise people that have had a heart attack, to its doses for children aged 5-11 years
- The Occupational Safety and Health Administration (OSHA) has rolled back [previous requirements](#) for employers mandating covid jobs to report any injuries following injection. In what's being seen as an effort to cover up and minimise job induced harms, OSHA [quietly changed](#) its reporting requirements in May 2021, so businesses no longer need to report any adverse events following injection. The new requirements are set to remain in place until at least May 2022. As OSHA gets ready to impose a vaccine mandate on millions of Americans, [The Heritage Foundation warns](#) that such a move is illegal and that OSHA will immediately open itself up to mass lawsuits as it does not have the requisite authority to issue vaccine mandates.

Treatments

Thanks to the use of ivermectin and hydroxychloroquine to treat covid, Uttar Pradesh in India is [reported to be covid free](#). Uttar Pradesh has one of the lowest job rates in India yet 42 districts remain covid free with the daily case rate in the state not rising above 50 for around two months

A study on the efficacy of ivermectin for covid has [been retracted](#) by its authors after it was found the wrong data file was used for its analysis. The researchers say that having re-run their analysis with the correct data their conclusions that ivermectin is an effective treatment for covid remain. They are now looking to republish the paper with the corrected data.

Natural immunity

There are now [102 scientific studies](#) that attest to the power of [natural immunity](#) against covid according to a new article published by [The Brownstone Institute](#).

NHS disinformation campaign against vitamin C

Date: 3 November 2021

We summarise Jerome Burne's latest blog because this story just has to be told

Content Sections

- [Prising out the truth](#)
- [Designed to fail?](#)
- [Small expert team takes on NHS](#)
- [NHS turns a blind eye](#)
- [Undeterred by NHS stonewalling](#)



>>> [Read the full blog](#) (*Vitamin C saga: how a small expert group fought back against NHS misinformation*) from Jerome Burne, investigative health journalist and author at [HealthInsightUK](#)

Whilst this summary of Jerome's extensive blog illuminates the situation we face in the UK regarding vitamin C for covid, the suppression is happening globally. If it wasn't, you'd be seeing a cascade of government advice on getting your daily dose of vitamin C and it would be being used routinely in hospitals on the covid wards.

Whenever government spokespeople announce fresh anti-viral initiatives, the public are reassured they were justified because ministers were "following the science." Not only for such decisions as ordering lockdowns or the wearing of masks but also to decide the types of treatments recommended for patients on the NHS.

But how reliably has the science been followed? Jerome Burne exposes just one example of "science following" that is not at all reassuring and is unlikely to be an isolated case.

During the last year NHS documents and spokespeople have told citizens repeatedly that there just hasn't been enough evidence to use vitamin C. However, they reassured us, they were keeping a lookout for new studies and would act on them.

Prising out the truth

Researchers and clinicians who know a lot about vitamin C, compiled several reviews that concluded that high dose vitamin C could significantly benefit seriously ill patients and sent them to the NHS bodies that were supposedly monitoring research.

For months there was no response. Official statements continued claiming there was no good evidence, but they were looking out for it. Finally, a Freedom of Information request revealed what was really happening. Yes, they had had the papers. No, they hadn't done any sort of review of the data.

The UK's newly formed Rapid C-19 Oversight Group (tasked with finding potential treatments fast) has reported, that "*Vitamin C has potential benefit in patients with severe and critical COVID-19*", because:

- Vitamin C is an antioxidant, a free-radical scavenger and an anti-inflammatory
- Vitamin C influences cellular immunity (involved in defence against invading pathogens), and,
- Vitamin C is also involved in vascular integrity (protecting the lining of the arteries)

Surely a very persuasive and scientifically accurate case for treating patients with vitamin C as fast as possible?

Yet the report concludes that, "*There is currently no trial evidence of benefit with Vitamin C in Covid-19*". Really? The one trial they evidence acknowledges that: "*...the vitamin C group showed a significant reduction in 28-day mortality (P=0.05) in more severe patients*" and concludes:

"The addition of HDIVC (high dose intravenous vitamin C) may provide a protective clinical effect without any adverse events in critically ill patients with COVID-19."

At the time, the trial had not cleared peer-review, but we don't feel that is sufficient grounds for declaring absolutely 'no evidence'.

In addition, what about the body of evidence that had been sent in from the researchers and clinicians previously?

Designed to fail?

Members of Parliament's questions have been fobbed off by the response that the evidence so many are looking for will be coming through the results of the [REMAP-CAP](#) trial that started recruiting patients for a vitamin C trial back in November 2020. However, it had closed its doors nearly a year ago because the organisers couldn't get any vitamin C.

Couldn't get vitamin C? Every chemist has it.

Clearly, buying the most available sources of vitamin C wasn't an option. Special injectable vitamin C was being trialled that could only be supplied to the NHS by one company, called Phoenix. Unfortunately, Phoenix had a supply problem. In addition, the only place running the trial by the end of August was the Royal Surrey County Hospital which was still dogged by the supply problem. "*We don't have any of the vitamin C that we need to open the domain,*" the clinician in charge emailed, "*we've got very few COVID cases, and none enrolled into the trial recently*".

Remarkable not to be able to find patients in the middle of a pandemic. Remarkable also, to do an exclusive commercial deal to supply vitamin C to the NHS and at the same time telling everyone there was no evidence it was beneficial.

Small expert team takes on NHS

Meanwhile, senior clinical nutritionist and Vitamin C campaigner, Patrick Holford, was raising funds via the site www.vitaminc4covid.com and assembling an impressive team of experts to pull together the high-quality evidence that was needed. They included Associate Professor Anitra Carr – Director of the Nutrition in Medicine Research Group at Otago University in New Zealand and Professor Paul Marik – head of the Division of Pulmonary and Critical Care Medicine, Eastern Virginia Medical School, Norfolk, VA USA. Exactly the sort of evidence the Rapid Covid-19 group was supposedly investigating but clearly wouldn't or couldn't. The response by the various NHS arms ([NIHR](#), [NICE](#), [MHRA](#), and [NHSE](#)) to this pro-active initiative has been depressingly ineffectual.

The first paper produced by the VitaminC4Covid group was a review of research into the benefits of high dose vitamin C for seriously affected patients. It was published in December 2020 and [reported the finding](#) that the majority of patients coming into ICUs already had vastly depleted Vitamin C levels, often low enough to diagnose scurvy, and, that the vitamin C level predicted survival.

Surely reason enough to recommend supplementation with vitamin C without a major clinical trial? It still is, and has been for decades, standard medical practice in cases of serious deficiencies to correct them with supplementation.

NHS turns a blind eye

These and other studies were sent to the Rapid C-19 group, but by June '21 Holford had had no response to any of them. The official line was that the Rapid C-19 group was on the case, tracking new developments to make sure patients got promising new treatments as fast as possible. But was this actually happening? Had anyone done a review of the growing body of evidence which, to date, includes a dozen intervention trials specifically testing vitamin C on covid patients?

One, the original randomised placebo-controlled trial, now through peer review, showed a statistically significant [80% reduced mortality](#) in critically ill patients (the stats are complex, the key evidence is contained in Table 2: outcome in a trial of HDIVC) – which was better than the 30% reduced mortality in similar patients in the widely accepted dexamethasone steroid trial. The only way to find out was with Freedom of Information requests. It took until September for an answer to come back. Yes, they had received the studies, but No, neither NICE nor the Rapid C-19 group had done a review of vitamin C since the previous

September. A failure that hasn't stopped them - or the NHS - continuing to tell anyone who was interested that there was no evidence for benefit.

Undeterred by NHS stonewalling

Despite being stonewalled and disparaged, the Vitamin4Covid 19 team is continuing to do what the Rapid C-19 group should be doing - continuing with high quality clinical review and research.

One [brand new paper](#) (released 1st Nov 21) details the results of an ongoing trial at London's Chelsea & Westminster hospital ICU, where infected patients are being given up to 6 g per day of vitamin C. Results show that:

- Intravenous vitamin C for sepsis and pneumonia: 'appears to decrease severity'
- Intravenous vitamin C may improve oxygen level parameters, reduce inflammatory markers, days in hospital and mortality
- No adverse events have been reported in published trials.

This saga isn't just a betrayal of Covid patients. The pandemic has made it clear that there are many other non-drug remedies that can help a wide range of conditions. Medical authorities are outraged and vindictive when the public ignores or doesn't trust claims that official treatments, notably vaccines, are evidence-based. Yet we are required to respond with blind acceptance and 100% compliance.

Affordable vitamin C for covid

Date: 3 November 2021

Medical rationale confirmed by new review of available evidence

Content Sections

- [Vitamin C – multifunctional marvel](#)
- [What can you do to help yourself and others?](#)
- [Vitamin C resources](#)

Have you taken your vitamin C today?

If you have, will you take it again, perhaps more than twice or three times, to maintain beneficial amounts of this remarkable, multi-functional nutrient in your bloodstream for more of the day, or even overnight?

A new review of 12 high quality Covid-19 studies [published on Monday in the peer reviewed journal Life](#) provides a stark reminder that popping your C might be one of the cheapest and easiest solutions that can reduce the risk of serious, life-threatening covid-19 disease. The review, which includes 5 randomised controlled trials (RCTs) and 7 retrospective cohort studies, can be [read here](#) in full.

Our great admiration for keeping vitamin C firmly within the touchlines of the covid-19 football pitch goes to UK-based nutritionist and ANH friend, [Patrick Holford](#), who is first author of the review. Patrick is also the driving force behind the [VitaminC4Covid campaign](#). Co-authors include acclaimed vitamin C researcher [Anitra Carr from the University of Otago](#) in New Zealand and UK critical care doctor at the Chelsea & Westminster Hospital, [Dr Marcela Vizcaychipi](#).

ANH founder and scientific director, Rob Verkerk PhD, caught up with Patrick in a field somewhere near his home in Wales (where the internet connection was more reliable!). Catch up with their conversation below.

Note: *You will see an advertising banner beneath our videos that play off the Brighteon platform (when they are not maximised). This advertising helps support the Brighteon platform that doesn't charge subscribers for their content, is committed to free speech, yet is also respectful of copyright-related law. We'd like to clarify that no advertising revenue from Brighteon is received by the Alliance for Natural Health Intl.*

Or for those who prefer a podcast:

[Vitamin C – multifunctional marvel](#)

Nature produces an incredible array of molecules, vitamin C being just one of less than 30 micronutrients known to be essential to humans, one of a few mammalian species (including guinea pigs) that have lost their ability during evolution, through loss of the [gulonolactone oxidase gene](#), to produce their own vitamin C.

While Vitamin C is unequivocally recognised as a quintessential player in maintaining function of the immune system, the review paper points to 70-80% of patients with severe covid-19 disease suffering hypovitaminosis C (i.e. low vitamin C status) in hospitals (<23 µmol/L). Significant numbers have plasma levels less than 11 µmol/L which puts them in the scurvy category, also not uncommon among those in care homes.

Vitamin C deficiency can contribute to an array of problems including poor immune and neurological system function, as well as scurvy, poor wound healing, bleeding gums, improper gene expression, and premature aging (e.g. through disruption of collagen formation).

By contrast, the benefits of [optimising circulating levels of vitamin C](#) include:

- Supports modulation of both innate and adaptive immune system
- Required for appropriate gene expression
- Helps form collagen and maintain integrity of barriers, bones and cartilage
- Required for normal wound repair
- Anti-viral activity
- Antioxidant
- Anti-inflammatory
- Facilitate mitochondrial (energy-yielding) function to help overcome tiredness and fatigue
- Required for the enzymatic production of particular neurotransmitters
- Increases absorption of iron

[What can you do to help yourself and others?](#)

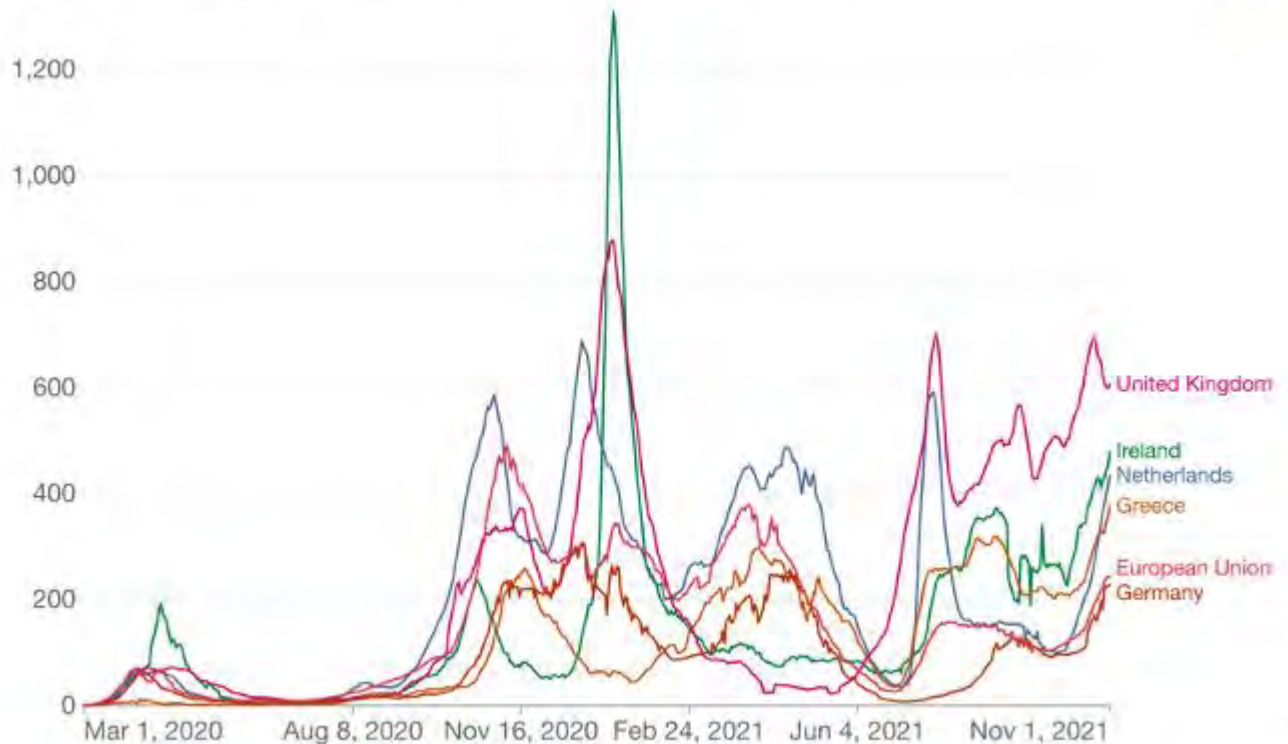
1. **Make sure you have stocks on hand in your home and in your workplace** so you can take divided doses of vitamin C if you feel symptoms coming on.
2. **Take the right dose for prevention or active early treatment.** Most people benefit from taking a gram an hour to counter the body's greatly increased use of vitamin C during active infections. For prevention, adults should take around 1 gram 2 to 4 times daily at intervals, and potentially a sustained release form at bedtime. Bowel tolerance varies between individuals and according to the type and severity of infection so find the dose that triggers loose bowels to calibrate the highest dose that works for you (that is just under the dose that goes beyond bowel tolerance).
3. **Tell your elected representative to recommend affordable vitamin C for their constituency.** The Vitamin C4Covid campaign has prepared a letter (click [here](#)) intended for UK Members of Parliament (MPs) that we urge UK citizens and residents to send. Citizens in other countries can adapt the letter for your own elected representatives.

Given that cases of confirmed infection by SARS-CoV-2 and even deaths associated with covid-19 are beginning to rise again in some countries, it is time to consider all options – for those both vaccinated and unvaccinated. This is especially the case in parts of Europe (Figures 1 and 2), including those that were among the first to be hit by the novel virus when it was recognised outside of China in early 2020.

Daily new confirmed COVID-19 cases per million people

7-day rolling average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
 in Data



Source: Johns Hopkins University CSSE COVID-19 Data

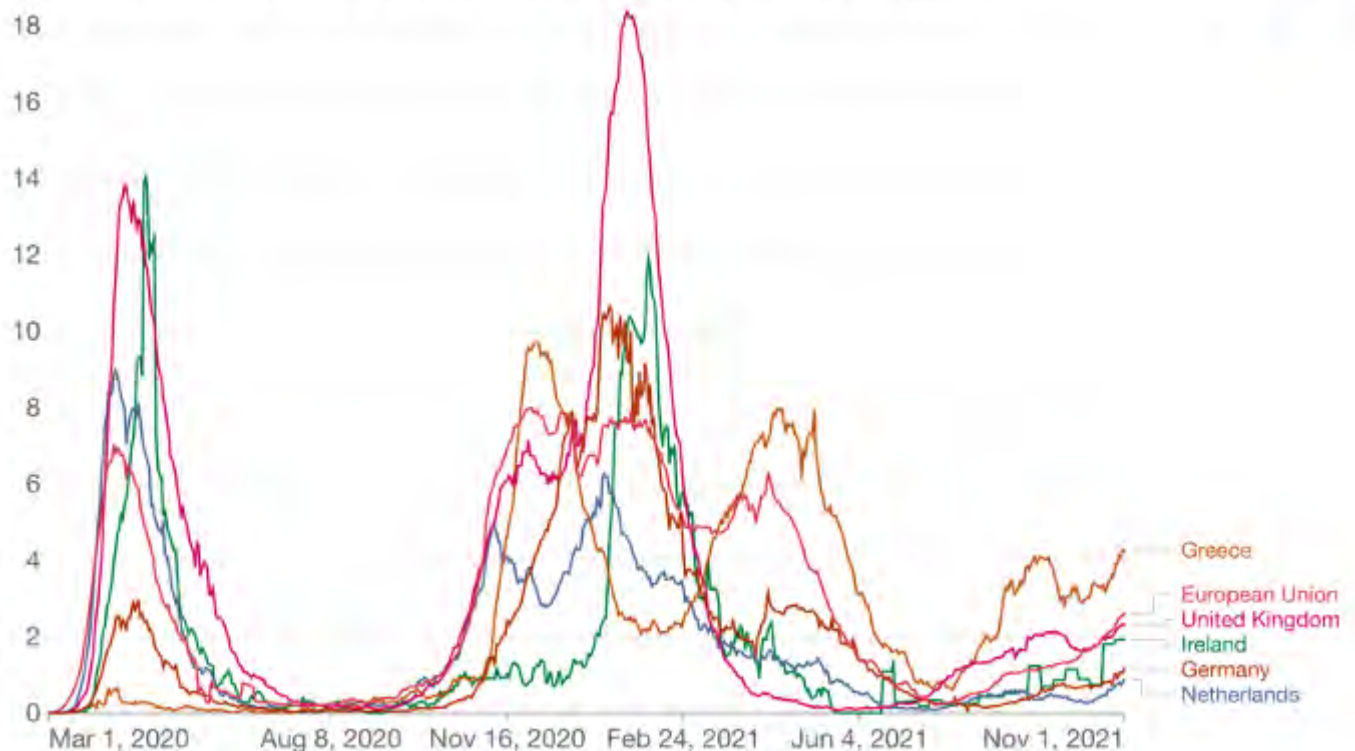
CC BY

Figure 1. Daily new confirmed covid-19 cases per million of population in selected countries. Source: [Our World in Data](https://ourworldindata.org/).

Daily new confirmed COVID-19 deaths per million people

7-day rolling average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Figure 2. Daily new confirmed covid-19-related deaths per million of population in selected countries. Source: [Our World in Data](#).

Once again: did you or will you take your vitamin C, more than once, today?

In the interest of health, naturally: Please share widely, thank you.

Covid bites (week 45/2021)

Date: 10 November 2021

A global roundup of covid news and information

Content Sections

- [Coercion](#)
- [Deaths](#)
- [Lawsuits](#)
- [Pushbacks](#)
- [School closures](#)
- [Covid injections](#)
- [Treatments](#)

We continue our global roundup of news from across a wide range of news sources. Many countries are getting ready to observe Remembrance Day tomorrow, on the 11th day of the 11th month at 11am, as we navigate our world through times of great awakening, awareness and unity, despite some of the darkest times in recent history being experienced by many in what was the 'free' world.

Coercion

- Children, 5-11, in Costa Rica will be **required** to have covid injections from March 2022 after the government signed a deal with Pfizer for its child-sized injections. The jab will become part of an already extensive list of mandated vaccines
- From Dec 8, COVID-19 patients in Singapore who are unvaccinated by choice **will have to foot** their own medical bills if they are admitted to hospitals or treatment facilities with covid
- French President, Emmanuel Macron, has **announced** all over 65s will be required to have a booster jab in order to be able to maintain their green pass. The mandate will also apply to tourists and expatriots
- Queensland is **implementing swinging restrictions** that will create a two-tier system of vaxxed and unvaxxed. Those who refuse to be jabbed will be excluded from a wide range of activities and premises. The restrictions will also pit families and friends firmly against each other as weddings will be restricted to a maximum of 20 people if someone who is unjabbed is attending
- San Francisco is **mandating covid jabs** for children aged 5-11. In eight weeks time all children aged 5 and over will be required to provide proof they are fully jabbed in order to eat in a restaurant with their family, take swimming lessons and much more
- UK citizens who refuse covid booster jabs are being **threatened** by the government that they may not be able to travel abroad next year if they don't submit to a 3rd jab in an attempt to increase uptake

- Australian doctor, Dr Mark Hobart, has [had his practice closed](#) because he refused to hand over confidential patient records to government officials. Following the closure of his practice officers returned and took what they wanted citing current state of emergency laws and saying the government can take what it wants without any explanation as to why or recourse to patient privacy
- The UK Health Secretary has [confirmed](#) all NHS workers will be required to receive covid and flu jabs by April 2022 despite [heavy pushback](#) from a multitude of sources. The move comes as the deadline for care workers to be jabbed looms with tens of thousands standing firm against the mandates putting the entire sector at risk should they actually be sacked.

Deaths

- Prof Carl Heneghan of the Oxford University's Centre for Evidence-Based Medicine is [calling for an urgent enquiry](#) into mounting rates of excess deaths in the home in the UK compared to the five year average (2015-2019). Deaths at home have climbed for 16 weeks in a row in 2021
- The normalisation of heart attacks in [fit young people](#) is continuing with [articles](#) across mainstream media designed to desensitise people as the incidence of heart attacks increases seemingly in lockstep with the jabbing of an ever younger population
- A freedom of information request has [revealed](#) that there has been over four times the number of deaths reported following covid injection in the last ten months than for all vaccines in the past 20 years
- A UK health chief [has warned](#) that elderly people, who have been double-jabbed, are dying due to waning immunity in an effort to push boosters as data shows that [more than 2,000 injected people](#) have died with covid in the past month.

Lawsuits

- Dr Paul Marik has successfully treated covid patients for the past 18 months using a combination of highly effective treatments. He has just been banned by Sentara Healthcare from continuing to use those treatments to save the lives of covid patients at Sentara Norfolk General Hospital. As a result patient mortality in the ICU has increased sharply. In response he has [filed a lawsuit](#) against Sentara Healthcare for preventing covid patients from receiving appropriate care and terminally ill patients from receiving investigatory treatments, which contravenes Virginia law
- A federal court in the US has [called a temporary halt](#) to the rollout of new covid vaccine mandates targeting companies employing more than 100 people, after petitioners cited grave statutory and constitutional concerns
- Federal workers with natural immunity from covid have [filed a class-action lawsuit](#) against the US government, Anthony Fauci and other members of the Safer Federal Workforce Task Group to stop the mandating of covid vaccines. The lawsuit contends the mandates violate employees' constitutional and statutory rights
- US based campaign group, US Right to Know (USRTK), [is suing](#) the National Institutes of Health (NIH) after it ignored nine freedom of information (FOI) requests.

This is the second time USRTK has been forced to sue the NIH to provide information requested under FOI requests

- Healthcare workers in Tasmania have [launched a legal challenge](#) to the government's vaccine mandate, which is due to be implemented in the coming days. The group is seeking a temporary injunction against the mandates until the case can be heard
- Big Brother Watch, a UK based campaign group, has [launched the first human rights legal challenge](#) against the unevidenced, authoritarian and invasive use of mandatory Covid passes in Wales saying it will create a two-tier discriminatory society.

Pushbacks

- Alabama politicians have passed [two new bills](#) to make it easier for workers to opt out of mandated jabs and prevent children from being jabbed without parental permission
- Nightclubs in Scotland are [making the most of a loophole](#) in the requirement to enforce vaccine passports by putting furniture on the dance floor so they are no longer classed as nightclubs and do not need to enforce the passes
- Dr Jim Barson is risking his license and career by [speaking out](#) against authoritarian and draconian controls being forced on Australian citizens saying he is “...truly horrified at what has been done to our society in the name of trying to control it.”
- Dutch citizens are [standing up and protesting](#) against the ongoing imposition of brutal restrictions and removal of their rights in the name of covid
- In Australia, the people of [Sydney](#) and [Melbourne](#) turned out in their thousands in a show of unity against some of the most extreme covid measures in the Western world. In Melbourne, protestors called for the removal of Premier Dan Andrews as he tries to [grab ultimate power](#) over residents under the guise of covid
- New Zealand President, Jacinda Ardern, has [dismissed people protesting outside Parliament](#) as not representative of the vast majority of the population. The protestors came together to [perform a mass Haka](#) in a spine tingling visual display of their anger over the harsh restrictions being visited on them in the name of covid
- People in Los Angeles joined hundreds of thousands of people around the world as they too [stood up to protest](#) against ongoing covid mandates and restrictions
- The Ohio Attorney General, along with 23 other attorneys general in the US, have [sent a letter](#) to President Biden warning any attempt to implement vaccine mandates for private sector workers will be met by immediate mass litigation
- Senator Gerard Rennick has [written to the Australian Prime Minister](#) telling him he will be withholding his vote until a compensation scheme is put in place for those injured by covid jabs and jab mandates are lifted immediately. He has also [called for an immediate end](#) to the jabbing of children following the death of a 14-year old girl
- A healthcare worker in Spain has had their dismissal for refusing to be jabbed [overturned by a court in Bilbao](#), which ruled it violates her right to refuse an invasive medical procedure, which could injure her

- Two boards of education board in Canada have [confirmed they won't be mandating](#) covid jabs for staff members because there is already a high vaccine rate, in-school transmission rates are low and that the loss of unjabbed members of staff would cause chaos and negatively impact schools
- A group of Canadian scientists and health professionals [have sent an open letter](#) to Ontario Premier, Doug Ford, warning against the mass injection of children and that if the jabs are authorised, it could result in a "...*public health disaster, for years to come, and of a magnitude that is hard to anticipate*".
- [Journalists Against Covid Censorship](#) is a collaboration of journalists from across the media spectrum challenging the lack of honesty and transparency in mainstream media reporting throughout the coronavirus crisis.

School closures

The closure of schools in Japan did not reduce the spread of covid in 2020 according to a [new study](#) published in *Nature*.

Covid injections

- In Australia, the Therapeutic Goods Administration is reported to [have said](#) it is seeing a higher than expected number of cases of myocarditis following covid jabs than expected
- How many people need to be jabbed to prevent a single death in kids aged 5 to 11? It's not a number that you will see in any 'official' documents from governments, health authorities or pharma companies. Toby Rogers [takes on the task](#) of calculating the Number Needed to Vaccinate (NNTV) coming to the shocking conclusion that in order to prevent 12 covid related deaths, as many as 2,624 children could die following being jabbed
- Dr Kirk Nilhoan [has gone on record](#) in the US to warn that children are at higher risk of harm from covid jabs than covid itself as other doctors expose how they are being threatened and silenced for raising questions about vaccine safety
- Emergency care departments are [reported to be full to bursting](#) across the US as the knock on effects of lockdowns and covid jabs send people's health into significant decline
- Arizona is [reported](#) to be experiencing high levels of covid illness in jabbed individuals. The majority of the nearly 50,000 cases are in those who've received the Pfizer jab
- A [new study](#) from the Public Health Institute, the Veterans Affairs Medical Center and University of Texas Health Science Center, published in *Science* has found that protection against any covid infection fell for all the currently used jabs in the US from 87.9% in February to just over 48% by October
- Published in *Viruses*, a [new study](#) details the ability of the coronavirus spike protein to inhibit the mechanism that repairs damaged DNA, which may also impair adaptive immunity. The researchers also raise a red flag in regard to the effect of covid vaccines on adaptive immunity

- The UK Health & Security Agency (UKHSA) has [admitted](#) that despite regularly analysing data to monitor the real-world performance of covid jabs, it is not publishing the results, begging the question of what it may be trying to hide
- Yet another study, [published on preprint server MedRxiv](#), shows that there is no difference in the infectiousness of someone with covid regardless of whether they are jabbed or not
- The Rabbinical Court in Israel [has decreed](#) that no one should be jabbed with mRNA injections. Such rulings are considered to be God's law and are usually strictly followed by the Jewish community
- US Senator, Ron Johnson, [held an expert panel discussion](#) with doctors and medical researchers involved in treating covid jab injuries and who're researching the safety and efficacy of the injections. As part of the proceedings, he also spoke with a range of people who have been personally affected by covid jab injuries
- James Wells, previously a senior member of staff at the UK Office for National Statistics (ONS) has [sent a letter of complaint](#) to the ONS outlining concerns over a breach of the code of Practice for Statistics by the organisation. His concerns have arisen over the use of statistics to skew data analysis concerning the risk of vaxxed v unvaxxed people from covid.

Treatments

A [new petition calling](#) for the recognition and availability of Ivermectin for prophylaxis and early outpatient treatment of COVID-19 has been officially launched in Canada by the [Canadian Covid Care Alliance](#) (CCCA). The CCCA is calling on citizens and medical practitioners across the country to sign the [petition](#) supporting the use of this safe and inexpensive medicine, which has been used with great success to treat millions of covid patients across the world

[Research](#) presented at the Society for Endocrinology annual conference highlights concerns over the use of the steroid dexamethasone for covid patients due to the risk of patients developing diabetes or experiencing a worsening of existing diabetic conditions following its use.

Is there a common solution to our planetary and health woes?

Date: 10 November 2021

Rob Verkerk's presentation to the 13th European Congress for Integrative Medicine Conference in London

Content Sections

- [Defining the problem](#)
- [The terrain - the foundation for balanced systems](#)

'System failure' may be one of the most concise descriptions that captures the current catastrophic decline in both planetary and human health. Accordingly, any unilateral or even limited technology-based interventions that intend to resolve environmental or human health crises, are unlikely to be enough on their own. System failure demands system-based solutions, ones that go well beyond the provision of new technologies.

In his keynote presentation for the [European Congress for Integrative Medicine](#) on Sunday 7th November 2021, sustainability scientist, Rob Verkerk PhD, examines some of the systemic changes that are now needed to resolve the parallel crises we face, involving economic, political and social systems, including ways of encouraging sustainable changes in human behaviour. In his presentation, which he has recorded for our ANH audience, he references metrics that allow us to better measure our effects on these systems as well as considering the advantages and disadvantages of centralised and decentralised approaches.

Defining the problem

When we try to solve a problem we must first define the problem. Cutting carbon emissions is analogous to saying let's treat a newly emerged infectious disease with an antigen that represents a very small part of that pathogen - in this case part of the receptor binding domain of a coronavirus spike protein. But why are both of these strategies at risk of being unsuccessful in the long run? Because they ignore both the complexities and the socio-politico-ecological context of the problems. In many cases, even the problems themselves are not clearly defined in the minds of those trying to advocate solutions. For example, the planetary ecological crisis is often defined as a Climate Change problem. It's much more than this as we are amidst a cataclysmic ecological mass extinction event that is mediated by human activity, habitat destruction, chemical and radiofrequency pollution, and modern human lifestyles. Accordingly, it's not just about reducing CO2 emissions. It's also about reducing the rate of deforestation - that's happening at a rate of 36 football fields per second, every second of every day - reforestation, tree planting or improving the capacity of land - particularly agricultural land or oceans - which both sequester CO2. So we must redefine the problem around the myriad ways that humans have devastated ecological resources, microbial communities and, in the process, over-exploited ecosystem services. We have to re-appraise land use, and better understand how social, industrial and political systems can co-exist with rather than abuse nature. We need to rethink human values and our desire for expansion and human greed. Many have bought into accepting increasing centralisation of power that goes hand in hand with a ever more globalised world. Perhaps without sufficient consideration of how more decentralised power structures and

communities would work, with better adaptation to the needs of their people and regional environments.

The terrain - the foundation for balanced systems

This brings us to the terrain and the interface with human health. As against 'germ theory', 'terrain theory' argues that it's all about the health of our bodies; if the body is well and balanced, then 'germs', which are a completely natural part of life and the environment, will in the most part be dealt with appropriately by our immune system without causing serious sickness. Humans remain the most complex system about which we are aware. We're not machines. As we continue to learn from epigenetics, our bodies, and even our immune systems, respond phenotypically to their specific and unique environments. Within us are thousands, even millions, of interlinked processes and systems. These form the terrain, the 'ground' on which we're built and function. Hence, [ANH-Int'l's Ecological Terrain](#) is where our human terrain and ecology (and the environment) meet. Forming a system of 12 distinct yet interconnected areas (domains), health care should aim to balance each of these domains to allow the optimal function of the individual within its community or environment. When all 12 domains are in balance, the opportunity for disease to manifest is removed. When one or more domains is found to be out of balance, assuming it's picked up early enough, balance can be re-established before the imbalance turns to disease. As Rob asserts in his presentation below, the social, political and economic instability caused by the current pandemic is providing us unique and improved opportunities for bringing about a deep, systemic, change. Many actors on the planet today also see the crises we face as an opportunity for change (hence the World Economic Forum's Great Reset), but it is for the world's population to decide what kind of future makes more sense, for future generations. In our book, this future has to be about better integration with the natural systems from which we've originated and on which we are dependent. We see a very bleak future ahead if we are to buy into disconnecting ever further from nature and relying on a flawed notion of the superiority of human technology over nature.

Please enjoy Rob's re-presentation of the lecture he gave at the European Congress for Integrative Medicine this last weekend. Please also share this article and video presentation with others who may need a more positive vision to focus on right now. YouTube link: <https://youtu.be/onBQgeOkW68>.

Covid bites (week 47/2021)

Date: 25 November 2021

A global roundup of covid news and information

Content Sections

- [Coercion](#)
- [Lawsuits](#)
- [Pushbacks](#)
- [Censorship](#)
- [Covid injections](#)
- [Natural immunity](#)
- [Covid Anxiety Syndrome](#)
- [Treatments](#)

There is no doubt that pressure is mounting globally. Those who have exercised their right of informed refusal to remain unjabbed are facing increasing controls in many countries. The alternative media is awash with reports of forced jabs and quarantine camps in Australia, particularly in areas where Aboriginal People live and pleas for urgent international help are being sent across the world. It's not just Australia though. Citizens in New Zealand, Canada, Austria and now the Czech Republic are also being subjected to extreme controls, whilst similar threats are echoed elsewhere. The mainstream media would have you believe that the situation is hopeless, that everyone will have to capitulate eventually — either willingly or forcibly. But we, The People, will not be coerced. As you will see below, the level of pushback is increasing as more and more awake to the plight of our world.

Coercion

- German politicians are threatening to bring in mandated covid injections as infections increase. The [tourism commissioner has said](#) that sooner or later mandated covid jabs will have to be introduced. The health minister [used much stronger language](#) when he promised that by the Spring German citizens would be “*vaccinated, cured or dead*”
- Bizarrely the new lockdown in Austria [does not apply to the ski slopes](#) as skiing is deemed to be a recreational outdoor activity. However, only those who can prove they have been covid jabbed will be allowed to use the slopes
- [Confusion abounds](#) as reports circulate that Northern Australia is [forcibly removing people from their homes](#) and taking them to quarantine camps if they are deemed to have covid. In Pilbara, Aboriginal People will be [subjected to rigid restrictions](#) as punishment for their refusal to be covid jabbed, along with a [door to door vaccination campaign](#). As reports of forced vaccination surface, Amnesty International is calling for individuals with more information to contact them directly - supporter@amnesty.org.au – to share footage and information in regard to the

claims of forced vaccination. In what can only be seen as a [maniacal video](#) rant, Michael Gunner, Chief Minister of the Northern Territory in Australia branded anyone who opposes vaccination mandates an “anti-vaxxers” regardless of their vaccination status

- In a baffling move, Australian Premier, Scott Morrison, has [demanded that States drop covid mandates](#). His comments come as he faces pressure from pro-choice MPs in his party to stop discrimination against those who remain unjabbed
- As covid cases in Europe increase, the Czech Republic has become [one of the latest countries](#) to impose lockdown restrictions on those who continue to resist covid injections
- In New Zealand [more than 1300 healthcare workers have been ‘stood down’](#) over their refusal to accept covid jabs. They have been told they will be able to return to work if they agree to be jabbed.

Lawsuits

- The US Administration’s attempt to mandate covid injections for federal contractors has received further pushback after Texas Attorney General, Ken Paxton, [announced](#) he is seeking a temporary restraining order and preliminary injunction to prevent the imposition of mandates
- As part of a lawsuit to force the US Food and Drug Administration (FDA) to release the data it relied on to license Pfizer’s covid injection, the FDA [has asked a federal judge](#) to give it 55 years in which to make the information public. That means the data would not be available until 2076
- Dr Peter McCullough [has announced](#) (from 08:30 in the video interview) that he is suing the medical publisher Elsevier, after a paper analysing adverse event data he co-authored with Jessica Rose PhD, in relation to covid injections, was pulled without explanation from *Current Problems in Cardiology* after it had been accepted and peer reviewed
- The Justice Centre in Canada [has warned](#) the University of Saskatchewan and Sask Polytechnic that if they don’t reverse their new covid injection policies requiring all students, staff and faculty to be double (or triple if eligible for a booster) jabbed by January, by November 26 2021 they will be sued
- A lawyer from Alberta, Canada, Jeff Rath of Rath & company has [filed a criminal complaint](#) with the Canadian government [requesting an immediate investigation](#) is launched into fraudulent submissions by Pfizer in order to get its covid injection approved for children aged 5-11
- The Australian Vaccination-risks Network (AVN) is [calling for support](#) as it fundraises to [file an application](#) for a judicial review over the Australian government’s refusal to stop the covid injection rollouts despite the high level of adverse reactions being experienced by those who have been injected.

Pushbacks

- [New correspondence](#) titled ‘Stigmatising the unvaccinated is not justified’ has been published in *The Lancet*. The piece written by [Prof Günter Kampf](#) calls on politicians

and scientists alike to stop the discrimination against and stigmatisation and demonisation of those who choose not to receive covid injections because the jabs do not prevent transmission of, or infection by, the SARS-CoV-2 virus

- A [petition](#) has been set up to support Dr Paul Marik as he goes to court to protect the right to treat patients following Sentara Healthcare's decision to [prevent him from treating seriously ill covid patients](#) in ICU. Dr Marik's request for a temporary injunction against Sentara Health System has been denied, however Sentara's request for the case to be dismissed has been thrown out by the Court which has agreed to hear Dr Marik's case. Since he launched his case, Dr Marik [has been suspended](#) from his duties by Sentara
- Millions of citizens around the world [took to the streets as part of the Worldwide Demonstration](#) on Saturday 20th November 2021 to protest against ongoing efforts to coerce everyone into receiving the jab and the continued imposition of unscientific, draconian restrictions in the name of covid
- An expert panel of scientists [told a hearing](#) into covid passes set up by the UK's Pandemic Response and Recovery All Parliamentary Group (APPG) that the imposition of covid passes makes "*little sense*" as vaccinated people over the age of 30 are more likely to become sick than those who remain unvaccinated
- UK actor, John Bowe, has [quit his role](#) in the soap opera, Emmerdale, so he can fight against ongoing covid restrictions in the UK
- More than a dozen top Australian lawyers have [signed an open letter](#) expressing their serious concerns over and opposition to a proposed new law that would hand unrestricted powers to enact draconian restrictions on Victorian citizens and calling on politicians to throw the bill out
- Florida Governor Ron DeSantis has taken a huge step against the Biden Administration's attempts to force US citizens to be covid jabbed by [enacting legislation](#) to protect Floridians from losing their jobs due to covid injection mandates and protect children from injection mandates, mask mandates and from being quarantined if they're not sick
- The Caribbean island of Guadeloupe has [experienced rioting, looting and arson](#) in recent days as protests against ongoing covid restrictions spiraled out of control and spilled over into violence
- A [recent snap poll](#) of 500 businesses in Scotland, by the National Federation of Self Employed & Small Businesses (FSB), revealed that more than 50% are opposed to the extension of the current vaccine passport scheme. Amongst the hospitality and leisure industry more than three quarters of those polled were opposed
- An [open letter](#) has been sent to the Advisory Committee on Immunization Practices' (ACIP) Chairperson, Dr Grace Lee, by David Wiseman PhD calling out the ACIP for lack of transparency around recent ACIP proceedings discussing risks associated with the Pfizer covid 'boosters'
- A Head teacher in Perth, Australia is [threatening to close his school down](#) rather than force his teaching staff to be covid jabbed. He is now seeking legal advice over the potential closure of the school

- Former South African Chief Justice, Mogoeng Mogoeng, [has asked](#) why South African citizens are not resisting and questioning the way the government is handling the coronavirus crisis. He says a state of disaster can only last for 21 days and cannot be extended for more than 3 months
- Amnesty International has [expressed serious concern](#) over the lack of scrutiny around the introduction of the COVID-19 (Vaccination) Legislation Bill in New Zealand
- The imposition of a new lockdown and the threat of mandated covid injections in Austria brought thousands of Austrian citizens [onto the streets](#) in protest over the weekend as part of the Worldwide Demonstrations
- UK gym owner, Andreas Michli was [fined £77,000 and served a closure order](#) after he refused to close his gym during the second lockdown in the UK. After taking the matter to court, [he won his case](#), so won't have to pay the fines or close his gym. He said he will never close his gym again
- American soap opera star Steve Burton [has been fired](#) from his role in ABC's 'General Hospital' for standing up for personal freedom after he refused to be covid jabbed. In a [video on Instagram](#) telling fans what had happened, he said he had applied for medical and religious exemptions, both of which were denied.

Censorship

The [Aspen Institute](#) has [released a report](#) calling for increased levels of censorship of those who share what the report calls "*information disorder*" and advocating against freedom of speech.

Covid injections

- Documents [released](#) by the FDA in relation to Pfizer's covid injection, reveal that high levels of adverse reactions to the jabs were reported to Pfizer in the 2½ months following emergency authorisation. Just under 30,000 of the reports related to 'nervous system disorders'. However, Pfizer dismissed the reports as being "*...consistent with the known safety profile of the vaccine*". [Another report](#) from July of this year, released by the FDA, reveals that the mortality rate in the vaccinated group in the Pfizer trials was higher than that of the placebo group six months after people were jabbed. These incidents have caused significant concern over the robustness of Pfizer's reporting and the lack of response from the FDA over what could be significant red flags regarding the safety of the jabs
- Bad news about the dangers that mRNA vaccines may pose to the heart and blood vessels keeps coming with the publication of a [conference abstract in Circulation](#) as part of a supplement. The author warns of significantly increased risks of developing heart related issues following 'vaccination' with mRNA covid jabs based on data from a cardiac test, which predicts the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). It also highlighted the ongoing nature of injuries, warning the changes seen in heart health can persist for at least 2½ months following injection. That knowledge of such risks in children and young people have been known about for quite some time is [revealed in a publication](#) by the [Hospital for Sick Kids](#) in Canada, dated August 2021, warning of the risk of heart issues following 'vaccination' and how to deal with them

- The French Academy of Medicine has [warned](#) that healthy children should not be jabbed against covid as the risks of being injected outweigh any potential benefits
- Reports from Canada are [warning of a huge increase](#) in stillbirths in pregnant women who have been covid jabbed. Waterloo, Ontario has recorded 86 stillbirths in just 6 months, whereas in a normal year it would expect to see just 5-6. Whilst in British Columbia 13 stillbirths in 24 hours have been reported, all from jabbed mothers
- Scotland has seen a [spike in newborn babies dying](#) sparking an urgent investigation into the as yet, unknown, cause
- The Centers for Disease Control and Prevention (CDC) has acknowledged reports of myocarditis and pericarditis made through VAERS have occurred in a [recent report](#). They say young males are at higher risk, particularly after the 2nd jab. Despite the acknowledgement it continues to minimise the risks and reiterate that everyone over the age of 5 should be jabbed, regardless
- A [new preprint study](#) has found that people over the age of 60, who have been 'vaccinated' are at higher risk of dying from breakthrough infections than younger people who've been jabbed
- Another [preprint study](#) investigating breakthrough infections in Florida found 'fully vaccinated' people were just as likely to transmit the virus as those who choose not to be jabbed. The findings were echoed in a [study](#) published in the *New England Journal of Medicine* which found 'vaccinated' healthcare workers were found to have the same levels of viral load in both symptomatic and asymptomatic infections as those who were not jabbed and that despite wearing PPE they were able to transmit the virus to others
- Prisoners in a US jail were studied to ascertain to what extent infected vaccinated people can transmit the SARS-CoV-2 virus. The [preprint study](#) found that vaccinated people who became infected were "...no less infectious than unvaccinated persons"
- There was [no difference in viral loads](#) found between those who had been jabbed and those who were not in people infected with the Delta variant of the SARS-CoV-2 virus from San Francisco, once again proving that those who are jabbed are just as likely to transmit the virus as those who aren't
- A [covid outbreak](#) in a nursing home in Connecticut in the US has resulted in the death of 8 residents. Out of the 89 people who were infected, 87 were fully 'vaccinated'
- Reports of 'rare' adverse reactions following covid injections are now finding their way into the scientific literature. The following records some of those reports - 38-year-old woman, myocarditis & cardiac arrest, [Frontiers in Cardiovascular Medicine](#); 19-year-old man, myocarditis and pericarditis, [Annals of Internal Medicine](#); Vaccine-induced thrombosis and thrombocytopenia (VITT) in 3 female patients, median age 52, [Journal of NeuroInterventional Surgery](#); 32 cases, CNS demyelination, [Journal of Neuroimmunology](#); 50-year-old man, cerebral venous sinus thrombosis, [Neurological Sciences](#); 17 cases of myocarditis and pericarditis, male and female, mean age of 38, [Global Cardiology Science & Practice](#); 61-year-old man, cerebral venous sinus thrombosis, [Cureus](#); 32-year-old male, silent thyroiditis, 38-year-old female subacute thyroiditis and 38-year-old woman, Graves' disease, [Journal of Endocrinological](#)

Investigation; 76-year-old male, severe aplastic anaemia, *British Journal of Haematology*; 23-year-old male, 12-year-old male and 17-year-old male, myocarditis, *Cardiology Journal*

- A [new study](#) from Germany has found an increase in levels of excess deaths in countries with high levels of covid 'vaccination'
- Data from Israel published as a [preprint in SSRN](#) has cast doubt on the efficacy of covid booster jabs. Studying data from Israel's national airport, researchers found the ability of the shots to protect against infection was 60% at best raising serious concerns that vaccinated individuals are just as likely to transmit the virus to others as those who are not and thus negating the use of the Green Pass
- Canadian vaccinologist, Dr Byram Bridle has spoken candidly to a reporter about the problems with covid injections. Edited [extracts of the interview](#) are being published by Conservative Woman today, tomorrow and Saturday.

Natural immunity

The US Centers for Disease Control has been [forced to admit](#), as a result of a Freedom of Information request on behalf of the Informed Consent Action Network (ICAN), that it has no evidence to show that someone who has recovered from covid has become reinfected or transmitted the virus to another person, despite continued claims that unjabbed individuals are a risk to those who have been jabbed.

Covid Anxiety Syndrome

Zoë Harcombe PhD, [discusses the work](#) of Professor Marcantonio Spada and fellow researcher, Ana Nikčević who have been researching people's reaction to covid in a new blog. As part of their work they have developed a tool called the [Covid-19 Anxiety Syndrome Scale](#). The scale uses nine questions three of which are about avoidance behaviours and six about 'getting stuck' behaviours. The purpose of the tool is to help understand human reactions to unprecedented situations, namely covid in this instance and identify people more likely to experience anxiety in order to provide professional care resources. However, there is a gaping omission namely the study of the anxiety caused by totalitarian and authoritarian policies that have been imposed in the name of Covid-19 around the globe.

Treatments

- Doctors in Alaska who are prescribing ivermectin are being [targeted in a witch hunt](#) by a fellow doctor who has written to the State Medical Board urging them to take action against doctors spreading 'harmful misinformation'
- Non-pharmaceutical interventions for treating covid such as ozone and hyperbaric oxygen therapy, ultraviolet blood irradiation (UBI), intravenous hydrogen peroxide, and ascorbate therapies [have been found](#) to be inordinately safe and quickly effective at reducing and controlling viral loads for those with a range of infections including covid.

Covid Bites (week 48/2021)

Date: 1 December 2021

Content Sections

- [Coercion](#)
- [Lawsuits](#)
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We continue our coverage of the ongoing coronavirus situation. Fearmongering over the new [omicron variant](#) has swept the globe and governments are looking increasingly desperate as they try to impose even tighter restrictions and mandates. Yet more and more citizens are starting to realise that this has now gone way beyond being about a virus, let alone people's health or safety.

Coercion

- The New Zealand Government has [passed amendments](#) to the COVID-19 Response (Vaccinations) Legislation bill designed to [seriously curb the freedoms](#) of unvaccinated New Zealanders in less than 24 hours without recourse to normal parliamentary scrutiny
- Emergency powers being used to restrict the lives of those choosing to refuse covid jabs, [have been extended](#) in Ontario before they were due to expire on the 1st December
- Also in Canada, a major housing provider [has announced](#) that all new tenants wishing to rent a property will need to provide they're fully jabbed before they will be accepted as a resident in one of its properties
- The Canadian Government has [announced](#) it will fund the creation of voluntary isolation sites in British Columbia designed to house those who test positive for covid to the tune of \$5 million CAD
- British Columbia Governor, Janet Austin has [signed an order](#) to allow the government to fire public service workers who refuse covid shots with 'just cause', which then prevents the person who's been fired from claiming unemployment benefits
- Greece has announced it will be [mandating covid jabs](#) for people over the age of 60 after the 16 January 2022. Anyone who refuses to get jabbed after this date will be fined €100 per month, which will go to fund the Greek health system, which is currently on its knees

- An Austrian government official [has suggested](#) any Austrian citizen not conforming to the covid jab mandate, due to be implemented in February 2022, should pay a 'tax' of between €90-€100 per month. A leaked document from the Austrian government [suggests that anyone not agreeing to be jabbed](#) will be subject to punitive fines or four weeks in prison
- Head of the European Commission, Ursula von der Leyden [has said](#) that now is the time for countries to seriously consider implementing mandatory covid jabs
- Spain has [announced](#) that all travellers over the age of 12 must be double jabbed in order to enter the country. Canada is also implementing a [similar policy](#) whereby unjabbed people over the age of 12 will not be allowed to travel by train or plane. As with Spain, a negative test will no longer be sufficient
- In Switzerland, the public are [reported to have voted](#) in support of the continued use of vaccine passports after an often tense campaign.

Lawsuits

- Healthcare workers in Melbourne, Australia, are [raising funds](#) to fight covid jab mandates that threaten to put them out of a job. Both jabbed and unjabbed workers are coming together to fight the ongoing draconian restrictions
- A Missouri judge has [granted a temporary injunction](#) against the Biden Administration's attempt to mandate covid jabs for healthcare workers at hospitals that receive federal funding. The ruling comes after 10 states sued to block the new rules
- Prison officers in California have [received a temporary reprieve](#) from covid vaccine mandates. Bizarrely, the action has been supported by Gov Newsom who's administration has previously enacted jab mandates for other workers
- A German court has paved the way for further restrictions to be implemented in the name of covid after it [ruled](#) that restrictions such as lockdowns, social distancing and school closures were lawful.

Pushbacks

- A [new report](#) published by the UK's House of Lords Secondary Legislation Committee has concluded that the Department of Health has not provided sufficient evidence to support its attempts to mandate covid injections for NHS workers. The report also criticises the UK Government's attempt to mandate covid shots for NHS staff as it does not address what will happen when up to 126,000 staff are forced to leave their jobs due to not complying with the mandate. The Committee also stated that the benefits of such a scheme were 'disproportionately small' given the associated costs, which are estimated will be in the region of £270 million along with major disruptions to health and care provision in the UK
- Canadian based '[Police for Freedom](#)' is standing with and supporting law enforcement officers around the world who question the current narrative and the way Police forces around the globe are being used to terrorise and control ordinary people

- UK campaign organisation Big Brother Watch has [spoken out](#) against the reintroduction of covid restrictions in the wake of the omicron variant of the SARS-CoV-2 virus as it continues its campaign against “...*politicians intoxicated with power...*”
- A hospital emergency department in New York State in the US [has been closed](#) for at least a month after 72 employees were fired because they refused to comply with covid jab mandates. The news comes following the [closure of a maternity unit](#) also in New York after 6 employees resigned rather than be jabbed. A prime example of the failure of covid injection mandates [can be seen in Toronto, Canada](#) where a paramedic who has been put on unpaid leave for refusing covid shots has revealed the ambulance service is brutally understaffed to the point where it could seriously impact people's health
- Roman Baber, an independent MP in Canada, denounced the Canadian government and its handling of the coronavirus crisis in a [fiery speech](#). He slammed the government's actions calling them an erosion of democracy that had caused irreparable harm
- [Ten US senators have pledged](#) to oppose all efforts by the Biden Administration to enforce covid injection mandates. All 50 Republican Senators, led by Senator Marshall supported a move to prohibit funding for the enforcement of mandates on private companies
- The Indian Bar Association has [filed a case for murder](#) against [Adar Poonawalla](#), Chief Executive of the Serum Institute of India and Bill Gates, based on the fact that it's a lie to claim that covid 'vaccines' are safe
- A Court of Appeal in Canada has [overturned the ruling](#) that Pastor Artur Pawlowski and his brother must denounce themselves anytime they criticise the Canadian government's covid restrictions. They were bizarrely ordered to say official government propaganda after every time they criticized the government, claiming it was part of an abusive, anti-Christian sentence meted out last month by Justice Adam Germain. This just the start of the battle as the full appeal is not due to be heard until June 2022
- A group of Irish Doctors have [released a video](#) sponsored by the Irish Council for Human Rights warning of the dangers of covid injections to children and calling on parents to make the right choice in the interest of their child and their child alone
- Last weekend hundreds of thousands of Australian citizens [turned out in force](#) across the country to stand together and protest against the imposition of mandatory covid jabs
- A Welsh man has [won his court case](#) against his dismissal for breaking covid self-isolation rules. Mr Lewis was sacked after he went to work while his son was awaiting the results of a PCR test as he thought his son was faking his illness. He has been awarded compensation of just under £24,000 for unfair dismissal
- Eight year old Fiona Lashells from Florida [has been suspended](#) from school for nearly 40 days due to her refusal to wear a mask at school. After nearly two months of doing her schoolwork at home she has finally returned to school after she won her battle to remain unmasked

- A [major deadline](#) requiring workers in Victoria, Australia to be jabbed has now passed. The millions who remain unjabbed are now at risk of losing their job if their industry is on the authorised worker list. The question now is will the Victorian government risk the wrath of millions of its citizens to push the mandate through
- Thousands of Marine Corps active duty members [remain unjabbed and without exemption](#) after the deadline for them to comply passed. It's not yet known whether they will be kicked out of the service or accommodated in other ways
- A [petition](#) has been set up in the UK calling for the abolition of the Coronavirus Act that's being used to drive covid restrictions. Please share it round and sign it if you think the time has come to wave goodbye to this particularly nasty piece of legislation being used to bring in totalitarian control in the UK
- Dr Aseem Malhotra has [shared his concerns](#) over the increased risk of developing heart issues following covid jabs. In a frank interview with GB News he discussed research showing an increase in heart disease markers of 11% - 25%, which he said is huge. He also revealed that the risk is known about by researchers, but they won't share their research for fear of losing their funding.

Child health

Young children's development has taken a nose dive as a direct result of the prohibitive and disruptive restrictions brought in to combat the coronavirus crisis. A [new preprint study](#) found that there was a 23% drop in scores measuring children's ability to communicate along with their intelligence as a result of measures such as face masks and social distancing.

Covid injections

- Investigative journalist Maryanne Demasi shares [more evidence of the serious shortcomings](#) of Pfizer's covid jab trial that have come to light after leaked documents emerged following the revelations of whistleblower Brook Jackson, in a new op-ed
- The European Union (EU) is [reported to be planning](#) to bring in a 9 month limit on the validity of covid jabs, meaning anyone who's last jab was given more than 9 months prior will not be able to travel within EU countries using its covid pass
- A [newly published article](#) in the *New England Journal of Medicine* highlights the risk of developing autoimmune disease following both covid infection and covid injection
- Dr Ros Jones, along with senior medical and scientist colleagues, has [sent four letters](#) to the head of the Medicines and Healthcare products Regulatory Agency (MHRA) to express serious concerns over the safety and necessity of the current programme of covid jabs for children and asking for a halt to the programme. As yet, they have received no response to any of the letters
- People jabbed with the Pfizer covid injection [start to lose any protection](#) it may confer after 90 days, following which there is a gradual increase in the risk of them becoming infected with the SARS-CoV-2 virus. The conclusion comes from Israeli scientists publishing in *The BMJ* based on data from the electronic health records of 80,057 adults

- Prof Günter Kampf's new article [published](#) in *The Lancet* calls attention to the ability of 'vaccinated' individuals to transmit the SARS-CoV-2 virus to others. In conclusion, he says "*It appears to be grossly negligent to ignore the vaccinated population as a possible and relevant source of transmission when deciding about public health control measures*".

Natural immunity

Had covid? Then you are well protected from being infected again according to a [new study](#) published in *The New England Journal of Medicine*. Researchers from Qatar found that the odds of someone who had had covid previously ending up in hospital or dying were 90% lower than their risk during their first bout of illness. They also found that incidence of reinfection was rare and any subsequent illness was very mild.

Treatments

After all the fanfare around the supposed efficacy of Merck's new covid pill, molnupiravir, [new data](#) has shown that at best it results in a 30% relative risk reduction in hospitalisations and deaths based on data from 1,433 patients, a reduction of 20% from initial claims. In clinical practice, it's likely to be reduced further.

Other covid news

- This week sees a [special session](#) of the World Health Organization (WHO) and member states to discuss the signing of a new treaty on pandemic preparedness and response. The treaty, if signed, could hand the WHO unprecedented powers to determine what constitutes a public health emergency and subsequent measures to control said emergency. This would effectively make the WHO the seat of global government during a pandemic, usurping the sovereignty of every country worldwide
- Having removed mask and vaccine mandates, Florida has [reported the lowest level](#) of covid cases per capita in the US even though cases are increasing in other states
- A top Australian doctor has [warned the country](#) not to panic over the [omicron variant](#) of the SARS-CoV-2 virus, and said that given initial reports of the mildness of infection it might be a good thing to let it run through the population to build natural immunity and usurp the Delta variant
- [Reports are emerging](#) from China that the pets of people forced to quarantine due to covid infections are being killed as they are deemed to pose a health risk to others.

Is Omicron as ominous as they say?

Date: 1 December 2021

Rob Verkerk PhD explores the risks of political decisions being made in the absence of scientific evidence

Content Sections

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By Rob Verkerk PhD, ANH-Intl founder, scientific & executive director

Topline

- Lockstep political decision to roll out leaky ‘vaccines’ occurred around the world immediately following omicron announcement
- Circumstances with a new, heavily mutated variant, vastly different population immunity and knowledge about ‘genetic vaccine’ effectiveness, nothing like those 12 months ago when first generation covid injections were rolled out globally
- Omicron may be more infective, is likely no more dangerous, but may be more likely to evade injection-induced immunity
- There is no conclusive evidence that omicron originated in Africa – which happens to have the lowest injection rate and case rate of covid-19
- Mass injection of first gen injections, followed by re-worked omicron-specific jabs, could cause disastrous consequences, including accelerating development of further variants and antibody-dependent enhancement (ADE) of disease
- We consider some of the possible political and economic drivers behind the new unscientifically backed policy to up the ante on injections.

No sooner had the Omicron hysteria hit the headlines, politicians, aided by a compliant global lockstep media, started telling the world’s population to prepare to roll up their sleeves. What’s more, three scapegoats have been identified: [the unvaccinated, HIV patients and the least vaccinated continent on the planet: Africa](#). One of many similar calls was made in the influential [Scientific American magazine](#) by Southampton University public

health and vaccine hesitancy researcher, [Michael Head PhD](#), not unsurprisingly a Gates Foundation funding recipient.

For many in the industrialised world, there is a sense of déjà vu from this time last year – but with a twist. Last year the population had been primed to expect almost impossibly high levels of protection from infection based on the results of phase 3 clinical trials. Only recently have these trials been [brought into question](#). Last year, the majority had also bought the line that these new generation ‘genetic vaccines’ would stop transmission and yield herd immunity. The head of the Oxford Vaccine Group, Professor Andrew Pollard, subsequently recently told the world that [possibility is now “mythical”](#). Knowing what they knew then, people flocked to the vaccination centres as the promise being offered was a return to normal life. Only time would tell how misplaced that view was.

This time around things are very different. The covid-19 injections have been shown to increasingly fail even with delta, hence the [re-casting of the ‘vaccine effectiveness’](#) correlates from protection against infection now to protection against severe disease. The indisputable reality is that the covid-19 injections are ‘leaky’. The spike-targeting neutralising IgG antibodies they so readily elicit just don’t neutralise (block) very well so they can’t stop infection or subsequent transmission.

[What drives the creation of immune escape variants?](#)

Perceptions among politicians, the public and even scientists as to the main drivers of mutations that can escape the effects of the immune system, whether from naturally-acquired infection or the response generated by injections, differ wildly. Smack in the middle of this lack of consensus comes Omicron, and a high chance that policies based on one line of thinking will be viewed as counterproductive or even potentially disastrous and life threatening by others.

We’ve reported on the [underlying science at length before](#), and supported the evolutionary arguments elaborated in the public domain by Belgian vaccinologist, [Geert Vanden Bossche VDM PhD](#). [David Lorimer](#), Programme Director of the Scientific and Medical Network, and I have this week [released a short article](#) that attempts to summarise in layperson’s language the central tenets of Dr Vanden Bossche’s thesis.

The opposing arguments ignore entirely evolutionary pressure and focus on the unvaccinated and the immune compromised as the reservoirs that provide more opportunities to breed mutants. The logic – at face value – seems reasonable. If the virus is able to replicate more often in people who suffer covid-19 disease for longer, and people who can’t effectively neutralise the virus, the increased replication increases the probability of mutants emerging. More rolls of the dice, if you like. The trouble is that this argument is fundamentally flawed for a number of reasons.

“The immediate decision to foist the old injections on the public to ‘boost’ immunity with what are probably even more weakly neutralising antibodies at best is clearly based on political or economic, not medical, expedience.”- Rob Verkerk PhD

We’ve seen previous mutants by and large being generated under high vaccination pressures, with increases in [cases being associated with expanding ‘vaccine’ coverage](#). Also, [clear evidence](#) that the vaccines are increasingly unable to neutralise the virus, especially more recently emerging variants, so being unable to stop transmission

while also [waning in effectiveness within a few months post-jab](#). What's more, they also interfere with innate immune training which is our primary defence against different variants of this (and other) pathogens and our only means of developing herd immunity given the 'leakiness' of the current 'genetic vaccines'.

Omicron focus

In a sea of immense uncertainty, one thing that is more or less certain, now that the [initial errors in the claimed mutations were corrected](#), is the 32 spike protein mutations of Omicron. But it's not just the, comparatively speaking, high number of significant mutations in the spike protein (Table 1), it's their potential impacts on both the virus and the human immune systems with which the virus interacts that are key. It's of course too early to know exactly what effects these mutations will have on the very diverse and varied populations of humans, and potentially other species if [spill-over continues](#).

Table 1. SARS-CoV-2 'variants of concern'

Variant	Spike protein mutations	Earliest documented samples	No. of countries reporting
Omicron (B.1.1.529)	32	Multiple countries* (11/21)	20†
Delta (B.1.617.2)	10	India (10/20)	196
Gamma (P.1)	12	Brazil (11/20)	103
Beta (B.1.351)	10	South Africa (05/20)	146
Alpha (B.1.1.7)	11	UK (09/20)	197

Main data sources: [WHO](#) and [GISAID](#).

* Note that the WHO has not claimed either Botswana or South Africa as countries of first documentation; see discussion below.

† Based on [media reports by Dr Anthony Fauci](#)

The limited information available from the small numbers of cases that have been reported so far is that disease severity (i.e. deadliness) is not significantly greater than with delta. It's too early to say if omicron will out-compete delta as this depends on many factors, such as the ability or otherwise of omicron to evade innate and/or adaptive immunity in populations

with different immune backgrounds (generated by covid injections and naturally-acquired infection), and latency prior to high viral loads being generated.

Early reports, such as those by the South African doctor, Dr Angelique Coetzee, who first spotted the [new symptoms of omicron-mediated covid-19](#) were that the severity of disease wasn't worse than delta. It's likely though that the [pattern of symptoms will be different](#). Younger people may also be more vulnerable, especially if their trained innate immunity is damaged by injections. This view is of course not wholly in line with [that of the WHO](#) that stated the following:

*"There is currently no information to suggest that symptoms associated with Omicron are different from those from other variants. Initial reported infections were among university students—*younger individuals who tend to have more mild disease—but understanding the level of severity of the Omicron variant will take days to several weeks*".*

- World Health Organization, 28 November 2021

Many independent experts have opined that transmission might be higher based on the configuration of the mutations and if that's the case and latency isn't extended significantly over delta – omicron may readily replace delta as the dominant variant in most countries. [Early reports from South Africa](#) also suggest transmission will be high.

While it will likely be days or weeks before omicron's potential virulence and transmissibility can be better appreciated, the configuration of mutations – highly conserved within the spike protein itself – tells us that there's a high likelihood that existing injections will be even less effective than on delta. This view is confirmed by none other than [Dr Anthony Fauci](#), as well as others, such as [Dr Samiran Panda](#) who heads the Epidemiology & Communicable Diseases Division of the Indian Council of Medical Research (ICMR).

The pace at which the new variant has been used by politicians to push first-generation injections on the public, along with everything else we know about the host-pathogen-injection interaction, is breathtaking given the uncertainties involved with this policy. They know, for example, these injections were designed to elicit antibodies that are highly specific to the original Wuhan strain's spike protein and they also know the configuration differs substantially to that of the omicron variant.

While the public is being told they should [boost their immune system](#) with the existing injections, they're not being told that there could be grave costs to this, like damaging innate immunity, inducing more severe reactions to disease, enhancing transmission or exposing countless people to unnecessary, potentially debilitating or life-threatening adverse reactions. Pfizer has [already announced](#) it's working on making new injections built specifically for Omicron and these might be 100 days away. The immediate decision to foist the old injections on the public to 'boost' immunity with what are probably even more weakly neutralising antibodies at best is clearly based on political or economic, not medical, expedience.

Where did Omicron come from?

The world's media is typically claiming Botswana or South Africa as the country in which Omicron was first detected. It is true that the largest numbers of cases have been found there, as evidenced by the country submission count on the GISAID variant tracker, as seen in Table 2.

Table 2. Most recent reported occurrences of omicron variant in different countries.

Country	Total #GR/484A (B.1.1.529)	#GR/484A (B.1.1.529) in past 4 weeks	%GR/484A (B.1.1.529) in past 4 weeks
South Africa	171	171	71
Botswana	19	19	22.4
Portugal	13	13	1.3
Netherlands	12	0	0
United Kingdom	9	9	0
Australia	6	6	0.4
Germany	5	5	0.1
Hong Kong	5	5	20.8
Italy	4	4	0.1
Austria	4	4	4
Canada	2	2	0.3
Brazil	2	2	0.3

Japan	2	2	4.8
Sweden	1	1	0
Belgium	1	1	0
Reunion	1	1	1.2
Israel	1	1	0
Spain	1	1	0.1
Czech Republic	1	1	0.2

Source: [GISAID](#). Downloaded 1 Dec 2021.

But it's also clear, from the GISAID records, that neither Botswana nor South Africa were the countries in which the earliest detection of omicron (variant B.1.1.529) occurred. Collections in Sweden, Israel, Reunion and the UK all appear to precede those from Botswana and South Africa. Check out the table from GISAID below, which is in reverse chronological order.

Table 3. Country submission count to GISAID as of 1 December 2021

Country	Strain Name	Collection Date
Italy	hCoV-19/Italy/CAM-COLLI-COTUGNO-A10117/2021	28/11/2021
Japan	hCoV-19/Japan/IC-2278/2021	28/11/2021
Spain	hCoV-19/Spain/MD-HGUGM-5821169/2021	28/11/2021

Australia	hCoV-19/Australia/NSW-ICPMR-14637/2021	28/11/2021
Austria	hCoV-19/Austria/MUIV-0231/2021	28/11/2021
Portugal	hCoV-19/Portugal/PT21719/2021	27/11/2021
Germany	hCoV-19/Germany/BY-MVP-000009711/2021	27/11/2021
Czech Republic	hCoV-19/Czech Republic/KNL_2021-110119140/2021	26/11/2021
Hong Kong	hCoV-19/Hong Kong/VM21045834/2021	26/11/2021
Brazil	hCoV-19/Brazil/SP-HIAE-ID989/2021	25/11/2021
South Africa	hCoV-19/South Africa/Tygerberg_3072/2021	25/11/2021
Belgium	hCoV-19/Belgium/reg-20174/2021	24/11/2021
Canada	hCoV-19/Canada/ON-NML-249359/2021	23/11/2021
Botswana	hCoV-19/Botswana/R43B70_BHP_4021000195/2021	23/11/2021
United Kingdom	hCoV-19/Scotland/QEUA-2BA64B4/2021	23/11/2021
Reunion	hCoV-19/Reunion/PIMIT_Om1/2021	22/11/2021
Israel	hCoV-19/Israel/SMC-7022800/2021	20/11/2021
Sweden	hCoV-19/Sweden/10190023/2021	19/11/2021

Source: [GISAID](#). Downloaded 1 Dec 2021.

Today we hear that a sample collected in October in Nigeria from [an “incoming international traveller”](#) was positive for omicron.

No doubt a lot more will be revealed in time. For us, currently available information means the jury is absolutely out as to whether omicron originated in Africa at all. The origins might well have been a traveller from a highly vaccinated country that imported it to Africa. Dr Masupu of the Presidential Covid-19 Task Force of the Botswana Government [confirmed](#) that the 4 university students known by the task force to be infected with omicron were all fully vaccinated.

We also know that blaming omicron on Africa makes sense if there is to be mounting pressure to vaccinate the world’s least vaccinated continent, that also has by far the fewest issues with covid-19 (see Fig. 1). Much of Africa – it seems – doesn’t want to play ball.

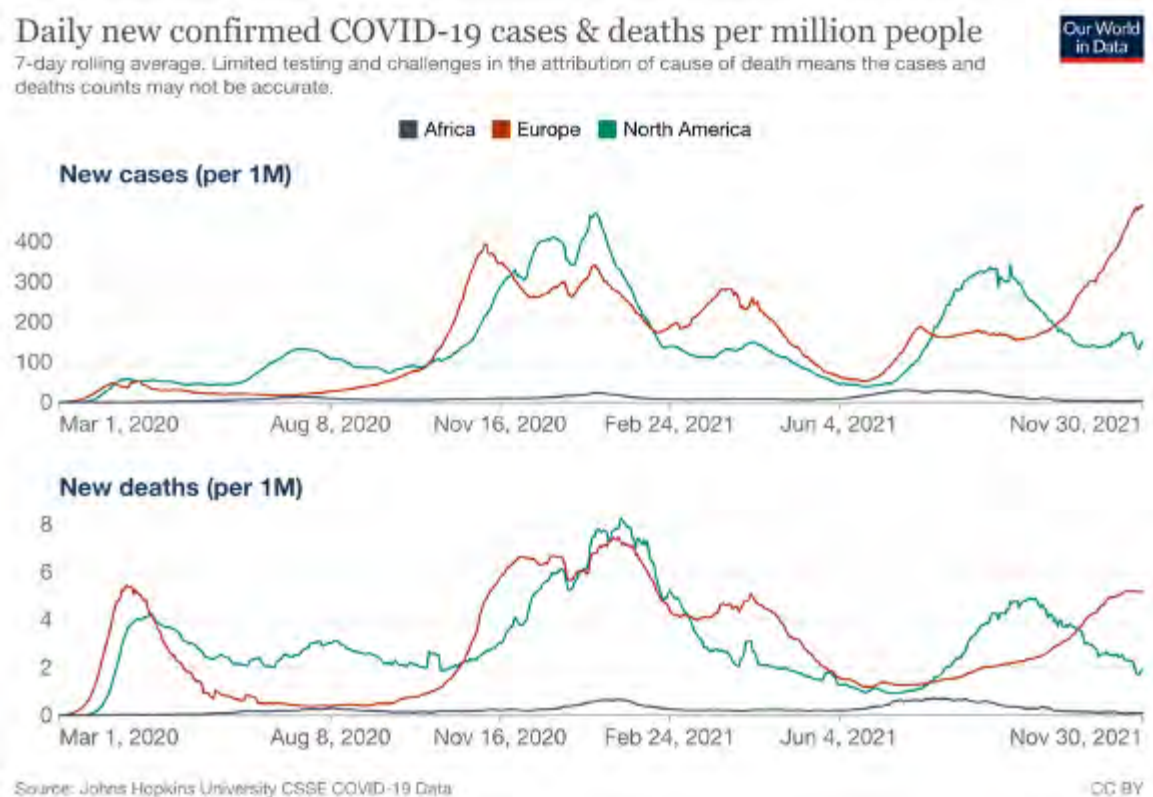


Figure 1. Daily new confirmed covid-19 cases and deaths per million people in 3 continents: Africa, Europe and North America. **Source:** [Our World in Data](#)

What we also know is just after South Africa announced it [didn't want to accept](#) more covid injections from Pfizer or Johnson & Johnson, the omicron alarm bell was sounded. Coincidence?

Possible consequences of using boosters in an Omicron wave

What we have witnessed since early 2021 when covid jabs were rolled out across the industrialised world is a gradual loss of synchronicity in the injection efforts. Different

countries had different uptakes, the speed of roll out across successively younger age groups, hesitancy and refusal varied country to country and sometimes even region to region. All of that loss of synchronicity actually reduces selection pressure – as does having big reservoirs of unvaccinated young people with lively innate immune systems, like in much of the African continent.

Omicron will re-synchronise the injection campaigns. Vast numbers of people will get a top up of the first generation jab, only to be hit yet again when the ‘must-have’ omicron-specific jab rolls off the production line probably in under 4 months. More synchronisation means that more intense selection pressure will be applied to the spike protein of omicron, and more replication will occur as the antibodies generated by the injections will not effectively block infection. This creates the vicious circle that [Geert Vanden Bossche has described](#) that we have been caught in already for a year with ever greater risk of more dangerous and more infective mutants being generated.

Higher frequency of exposure also means more insults to the immune system and that means more damage to the innate immunity of our species – our primary weapon against a mutating pathogen. The conditions are set for escalating risks of [antibody-dependent enhancement](#) (ADE) of disease when injected people are exposed to disease, as well as an ever greater toll of adverse events and deaths mediated by autoimmunity, inflammation, neurological and cardiac issues.

The consequences of a bad outcome for humanity are scarcely worth considering – and it seems that’s why the politicians, ushered along by a vaccine/biotech/pharma industry with an insatiable appetite for maximising profitability while avoiding any liability for any damages caused – are going with it.

If [vaccine passports and digital IDs](#) for everyone on the planet, as precursors to a new digital currency and the merging of [man and machine \(transhumanism\)](#), are elements of the real end-game, it makes even more sense why global leaders are so up for it. Just don’t be fooled that this is about a virus, medicine or science.

Ominous omicron

Just as the earlier [unscientifically-based decisions](#) to lockdown, mask up and socially isolate populations at the beginning of this pandemic was an ominous signal of the authoritarianism and suppression that was to come, omicron’s arrival is just as ominous.

Once again, it’s not the virus we should primarily worry about if we can [help our immune systems](#) to be the best versions of themselves, and if we can access [early treatments](#) that are variant agnostic. It is the reaction of governments, health authorities, politicians and business leaders who seem hell bent on continuing this failing, ever more risky endeavour of installing synthetic instructions into our bodies, the consequences of which will not be well known to the public for some years. Bear in mind that the US Food & Drug Administration [asked a federal judge](#) to make the American public wait until 2076 (yes, 55 years!) before all of the data on Pfizer’s ‘genetic vaccine’ it relied on for approvals are made public. The great news is the judge has [just forced](#) Pfizer to release the documents incrementally — [the first lot](#) being something of a revelation in terms of the adverse event profile. More on that next week.

Without our trust, one wonders if 'they' are beginning to understand why so many of us around the world are conscientious objectors?

Please Digest. Share. Educate.

More information from our partner, the World Council for Health

>>> [World Council for Health **statement on omicron**](#)

>>> [World Council for Health **Early Covid-19 Treatment guidelines**](#)

Covid Bites (week 49/2021)

Date: 8 December 2021

A global roundup of covid news and information

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Continued covid-related global coverage in short. Looking around at the mainstream media and the increasing restrictions in many countries, it may feel as if the situation is darkening, but please know that the resistance movement is gaining in strength and numbers daily. Legal actions are on the rise and in many countries the attempt at 'divide and conquer' is creating just the opposite effect as more and more waken to the reality facing us all. The situation is anything but dark. Just like a building with rotten foundations, it must first be pulled down in order to build anew.

Coercion

- The Victorian government in Australia has been [handed a completely totalitarian mandate](#) as Parliament voted through devastating legislation giving Dan Andrew's government total authority to declare pandemics and issue public health orders at will once emergency powers expire on the 15th December
- The House of Representatives in the US has [voted to pass](#) the [Immunization Infrastructure Modernization Act](#), which will provide \$400 million dollars to fund the development of a database designed to track individuals' vaccine status in a gross removal of a citizen's right to medical privacy
- Under a [new bill proposed](#) by Canadian Premier, Justin Trudeau, anyone protesting for medical freedom would be criminalised and potentially be thrown into jail for up to 1-year
- The UK Government has used the excuse of omicron to announce the enactment of its ['Plan B'](#) in England from next week. Restrictions will include guidance for people to work from home, increased mask mandates and the introduction of the covid pass for

large venues and nightclubs. MPs [heckled the health secretary](#) as he made the announcement in Parliament, questioning the data being used to justify the move

- Outgoing mayor of New York City, Bill De Blasio, has delivered a stinging parting shot with the [introduction of mandatory covid jabs](#) from the 27th December as a 'pre-emptive move' to counter further covid outbreaks as omicron starts to spread in the US. Incoming mayor Eric Adams, has said he will evaluate the situation as soon as he's been sworn in
- France has [ordered all nightclubs](#) to close for the next four weeks and recommended that 5-11 year olds are covid jabbed and people work from home where possible as it tackles a so-called fifth wave of covid
- In a sinister twist to the ongoing covid coercions, New Brunswick in Canada has [announced](#) that any business, including food shops, can prevent someone who has not been covid injected from entering their premises and making a purchase
- Updating the EU covid pass with booster jabs will 'force' countries who are 'behind' in their jab programmes to catch up [according to](#) an anonymous EU Minister
- In an ironical move, the Human Rights Museum in Manitoba is [requiring all visitors](#) over the age of 12, to provide proof of being jabbed as it complies with local covid restrictions
- Italy has [turned the screws](#) on its citizens with the introduction of a so called 'super green pass' as part of efforts to encourage jab-free citizens to give in and be jabbed. In addition, jab-free Italians will now be required to test every 48 hours at their own expense just to be able to go to work using the normal green pass. It will not allow access to restaurants, cinemas and other venues. Italian citizens are also being prevented from boarding buses and trains if they don't have the correct form of pass
- In a bid to push South African citizens to be covid jabbed the government is now resorting to [offering cash incentives](#). Anyone getting their first jab before the end of the year will be entered into a draw to win a share of R2 million SA Rand. The health department also said it's offering 200 rand in food vouchers to anyone over the age of 50
- Oregon is discussing the [permanent mandation](#) of mask wearing indoors to counter future covid variants
- Seriously ill patients in Queensland, Australia, [will be denied life saving surgery](#) if they refuse to be doubled jabbed
- In a dark day for Canadian history the federal government has [imposed yet more stringent restrictions](#) on those refusing to comply with jab requirements. The move to ban all jab-free Canadians from plane and train travel was slammed by Roman Baber, an Independent MP in Ontario for discriminating against large swathes of the Canadian population for the choice they have made in regard to their medical status. To add insult to injury, the Canadian government has also [announced its intention](#) to implement a jab mandate for all workers in federally regulated industries in the New Year.

- In a victory for common sense, a court in Wales has [overturned a conviction](#) handed out to a man who refused to provide a Police Officer his name and address so they could issue a Fixed Penalty Notice for breach of Coronavirus Regulations. The judge criticised the police action suggesting they had overstepped their boundaries
- US Representative Ralph Norman has [introduced legislation](#) to force the Food and Drug Administration (FDA) to release all records related to its emergency authorisation or licensing of all covid injections within 100 days rather [than the 55 years](#) it is currently attempting to get away with. A scheduling conference has been set for 14th December to agree on the timeline for release. However, the [first dump](#) of Pfizer papers related to the emergency authorisation of its covid jab has been made revealing 1200 deaths in the first few months and clear knowledge of the risk of stillbirth and miscarriage to pregnant women
- Four Bristol Myers employees in the US are [suing the company](#) after their requests to be exempted on religious grounds were refused and they were fired
- UK GP, Dr Sam White, who had his right to post his views and opinions on social media due to his opposition to covid restrictions has been vindicated after he [won his appeal](#) and his right to share his views on social media was reinstated
- In yet another setback for the Biden Administration's attempts to mandate covid jabs, a federal judge in Georgia has [temporarily halted](#) all covid jab mandates for federal contractors across the country
- Following ongoing incorrect claims by UK TV doctor, Dr Hilary Jones, PJH Law have sent a [letter of complaint](#) to the GMC about the ongoing serious misrepresentation of facts that cause risk to patient safety around the coronavirus crisis by Dr Jones
- A court in New York has [ruled](#) that teachers denied religious exemptions from covid jabs and placed on unpaid leave must be allowed to reapply for an exemption under a new process
- The Fair Work Commission in Australia [has ruled](#) that the mandation of covid jabs by mining company BHP was neither lawful or reasonable. The ruling comes after union action in defence of 30 workers suspended for not providing evidence of being jabbed.

Pushbacks

- The [Together Declaration](#) in the UK is coordinating a campaign to oppose the imposition of vaccine passports in the four countries of the UK. It's calling for people in the UK to come together and sign the Declaration to show their opposition to the restrictions being imposed on citizens without any scientific support for a system that discriminates against those making a different choice about how to protect their health
- A court in Wallonia in Belgium [has ruled](#) that the use of vaccine passports is illegal. The Court has ordered the government to pay a daily fine of €5,000 until the measure is withdrawn. According to the ruling, the COVID Safe Ticket is disproportionately restricting individual freedoms in relation to the intended goal

- The World Health Organization's European Regional Director, Hans Kluge, is [reported to have said](#) that jab mandates should only be used as an "absolute last resort" when all other options have been exhausted
- MEP, Nicolaus Faust, [gave an impassioned speech](#) demanding a stop to the jab programmes across Europe and calling for investigations into the efficacy and safety of the injections. He has also called for the pharma companies making the jabs to be held liable for all harms caused by them. He also poured scorn on the notion that anyone who remains jab-free is a danger to someone who is jabbed
- [Workers protesting against jab mandates](#) in Perth, Australia have besieged the Parliament House. Many laid their uniforms on the steps of the parliament building to illustrate the strength of feeling against the mandates
- Following the [suspension](#) of covid jab mandates by Courts in the US, Advent Health has [withdrawn its requirement](#) along with [The Cleveland Clinic](#) and the federal [Centers for Medicare and Medicaid Services](#) (CMS) in Missouri for their employees to be injected or lose their job
- Hoards of people led by uniformed firefighters in Brussels [took to the streets](#) on 5th December to protest against ongoing covid related restrictions. The peaceful protest was attacked by police using tear gas and water cannons to disperse the protestors. Austrian citizens [continued their protests](#) turning out in force as they made their opposition to covid restrictions known along with 1,000's of people in the city of [York in the UK](#) and the [Netherlands](#)
- French and Belgium doctors have organised a [Doctothon](#), which will take place between 6:00 pm on 10th December to 6:00 pm on 11th December. Around 300 eminent doctors are expected to share their opinions - each of whom will have a 3-minute slot to give a message to the public about the current state of covid-related affairs. If you are a doctor, or know one that would like to take part, please do [register your interest](#).

Child health

- Japan's health ministry has [issued a warning](#) about the risks of developing myo- and pericarditis following covid jabs. The warning specifically warns against the risks in young males
- The jab programme in Vietnam suffered a setback when [120 children were harmed](#) following covid jabs. Instead of suspending the programme pending further investigations, the authorities just switched batches, putting the 'problem' batch to one side to be used instead for adults. According to the authorities, 3 children are now [reported to have died](#) as a result of an 'overreaction' to, rather than a problem with, the vaccine
- A 12-year-old boy in Germany [has died](#) two days after his second covid jab. An autopsy showed he had developed myocarditis, which may have led to heart attack. A [recent analysis](#) of VAERS data from the US, includes details of a 5-year-old girl who died four days after receipt of a covid jab
- A German [preprint study](#) across fourteen pediatric hospitals from June 2020 to May 2021 finds zero deaths in children without co-morbidities between the ages of 5-17. *"The lowest risk was observed in children aged 5-11 without comorbidities. In this*

group, the ICU admission rate was 0.2 per 10,000 and case fatality could not be calculated, due to an absence of cases."

- The Canadian state of British Columbia (BC) is [reported to be planning](#) to jab children aged 5-11 years old without parental consent after the Medical Director for the BC Centre for Disease Control [sent an update](#) to medical services advising of a change in protocols that would allow children under age of 12 to give "*mature minor consent*" to covid injections
- The UK government has [issued guidance](#) to healthcare professionals acknowledging that young people, particularly males, are at risk of developing myo- and pericarditis following covid jabs. The risks are echoed in a [new study](#) published in *Cardiology and Therapy*, which also acknowledges the increased risk following second jabs along with the risk of thromboembolic events.

Covid injections

- [New research](#) published in *The Journal of Physical Chemistry Letters* has found that the mass vaccination programmes being implemented around the world currently are driving the mutation of the SARS-CoV-2 virus
- GPs in the UK are being told to [scale back on some routine health checks](#) in people aged over 75 in order to focus on the booster campaign currently underway - for which they're being paid £15 per booster
- Researchers behind a [new paper](#) published in *Science Advances* believe they have identified the mechanism behind the development of blood clots following the AstraZeneca covid jab
- A [covid outbreak has occurred](#) on a cruise ship full of double jabbed crew and passengers, once again confirming that the discrimination against those who remain jab-free is a complete nonsense, or even 'non-science'
- 'Police on Guard' in Canada has announced it will be rolling out a '[Mama Bears' program](#) to help educate parents about the dangers of the vaccine for their children
- It's [being reported](#) that the Indian Government will no longer buy covid injections from Pfizer or Moderna due to the availability of locally produced 'vaccines' that are cheaper and easier to store
- As reports of heart issues following covid jabs increase, two UK based doctors [have warned](#) that up to 300,000 people in the UK could develop heart issues due to 'post-pandemic stress disorder' (PPSD). However, the NHS released a guidance document on 29th November 2021 entitled, '[Myocarditis and pericarditis after COVID-19 vaccination: a guidance for healthcare professionals](#)'

Vaccine passports

- A Spanish inter-regional covid committee [has declared](#) that the use of vaccine passports does not reduce the spread of the SARS-CoV-2 virus and that they give the wrong message that jabbed people can't spread the virus

- The use of vaccine passports significantly increases the level of distrust in the government's responses to the coronavirus crisis in unjabbed people according to a [preprint study](#) from Danish researchers

Treatments

The Food and Drug Administration has [authorised](#) the use of monoclonal antibody treatments for mild to moderate covid symptoms in children of all ages, including newborns.

Censorship

In a rather bizarre twist to the censorship saga, links to an abstract published by the *Journal of the American Heart Association* showing an increased risk of developing heart problems following covid jabs, were blocked by Twitter. An [expression of concern](#) has now been appended to the abstract.

Collateral damage

Up to 740,000 possible cancer cases may not [have been diagnosed](#) due to lockdowns and ongoing covid restrictions in the UK. The situation is likely to become even worse as waiting lists for a wide range of medical issues to be addressed are set to ramp up further with the new mandates for GPs to put boosters before care. Some estimates predict they could hit 12 million by 2025 as the health service struggles to catch up.

Other covid news

- Co-founder and CEO of the Christian Daystar Television Network in the US, Marcus Lamb, who was a fierce critic of the coronavirus crisis and the jabs, has [died after he contracted covid-19](#)
- An [interesting study](#) has been published in the *Journal of Clinical and Translational Research* discussing the relationship between the severity of covid infections and electromagnetic radiation, particularly in areas with high levels of 5G
- The Indian prime minister has [announced the introduction](#) of a digital payment system that will be used to deliver welfare services. The system will also be used as part of the rollout of covid jabs
- In a terrible tragedy, a German man was [pushed to kill](#) his wife, children and himself after it was found that he had faked both his wife's and his vaccination cards as they simply wanted to remain jab-free. It appears that the man had already lost his job because of his company's mandate.

For more curated covid related content visit covidzone.org

What's in the jabs they're so desperate to give us?

Date: 8 December 2021

Nearly a year since the mass rollout of covid jabs begun, we re-appraise what we do and don't know about the covid jabs

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By Rob Verkerk PhD; founder, scientific and executive director

Topline

- Omicron is being used by governments and health authorities to mandate or coerce ever more people into receiving covid-19 jabs
- It is imperative that sufficient information is given to potential vaccinees to allow properly informed consent. This article reviews key information that is not widely reported by governments, health authorities, vaccinators, the mainstream medical profession or the mass media
- Given that the most commonly used covid-19 jabs rely on providing genetic information to the body to force it to produce a modified form of the spike protein, the jabs should not be represented as 'vaccines'
- The mRNA jabs rely on genetic material that is significantly altered to generate mutant spike proteins that retain their prefusion conformity even after they get into cells. The lipid nanoparticles have not been adequately studied for their safety.
- The viral vector jabs by AstraZeneca and Johnson & Johnson rely on human foetal cell lines and the majority of the protein in the jabs may be from this source, rather than from the viral vectors themselves
- The spike protein is toxic in its own right and may induce adverse effects on the body whether it is generated from genetic information from jabs or from naturally-acquired infection
- Contaminants, deliberate or accidental, have been found in many vial specimens

- There are no substantive data to justify the 'safe and effective' claims often made for covid-19 jabs, especially not in the face of omicron
- Covid-19 jabs, especially if given repeatedly every few months, will likely cause lasting negative impacts on immune system function so increasing the risk of a wide range of other diseases while increasing risks of adverse reactions
- Clear evidence has emerged that data used for 'vaccine surveillance' by the UK Health Security Agency (formerly Public Health England) has been accidentally or deliberately misrepresented to infer outcomes among the jabbed are better than for those who decline
- There is little or no evidence that informed consent is being, or has been, offered at any time during the 'pandemic'.

Before diving into the detail, here is Rob's short, 10-minute video summary:

>>> **Share link for**

video: <https://odysee.com/@ANHInternational:5/Jab:b?r=qIRpRqU6X8oQNpqNBfwzZPqtyAwiRczS>

Freedom on trial

Liberalism in Europe is not only under threat. It has in some parts already been extinguished. As the first European nation to mandate covid-19 injections, Austria will criminalise those who refuse the injections. Germany has since followed suit. Greeks will need to pay their government a monthly fee of €100 every month if they remain jab-free. On Monday night Queensland-based medical doctor, Robert Brennan, told those of us attending the weekly World Council for Health meeting that doctors in Australia who are de-licensed for speaking out about lockdowns, testing or injection risks will be criminally charged for impersonation if they continue to use their doctor title. We also heard more about the quarantine camps that are being set up, how indigenous populations are being targeted and how sacred sites are being destroyed under powers granted by the supposed 'emergency' status.

Layered over all of this is the emergence of the new SARS-CoV-2 variant, omicron, that is providing authorities in Europe and North America further justification to mandate or coerce people to be jabbed, most notably with so-called 'boosters' (presently existing stock of injections based on the original Wuhan strain, Wuhan Hu-1). Much hype is being generated by emerging evidence of omicron's superior transmissibility compared with delta.

Policies designed to increase 'vaccination' coverage and re-injection of previously injected people (use of 'boosters') are not based on any conclusive data or even mechanistic evidence on the likely effectiveness of this strategy. Instead, they rely on now outdated data from Israel (here, here and here) and England that an mRNA booster jab can reduce the chances of people getting severely ill if infected.

Such data are entirely irrelevant to a situation we might be in in the coming weeks if omicron becomes dominant. That's because it is increasingly clear that the vaccinal antibodies elevated by the jab do precious little to protect people, given that omicron's multiple mutations in the receptor-binding domain of its spike protein prevent the antibodies from neutralising it.

With all the coercion around us it is more important than ever that people really understand what the jabs are and how they work. We now know a little more about them compared with when they were first released on the public, so let's have a closer look.

We will restrict our discussion to the two main types of 'vaccines', the mRNA and non-replicating viral vector types, respectively, that include 5 of the 8 WHO-approved covid-19 injections (Table 1).

Table 1. WHO approved covid-19 injections

Type	Company	Name	No. of countries where WHO approval granted for emergency use	No. of trials/countries
mRNA	Pfizer/BioNTech	BNT162b2, Cominarty	112	46 trials/21 countries
	Moderna	mRNA-1273	79	33 trials/8 countries
Non-replicating viral vector	Oxford/AstraZeneca	AZD1222, Vaxzevria	127	50 trials/23 countries

	Janssen/Johnson & Johnson	Ad26.CO V2	85	16 trials/18 countries
	Serum Institute of India	Covidshield (Ox/AZ formulation)	47	2 trials/1 country

Source data: [COVID-19 Vaccine Tracker](#)

Why the covid-19 jabs shouldn't be described as 'vaccines'

In a [recent video](#) I explained why the main contenders (mRNA and viral vector types) should not be described as 'vaccines' as they don't meet the [World Health Organization's definition](#) of being the administration of "agent-specific, but safe, antigenic components that in vaccinated individuals can induce protective immunity against the corresponding infectious agent." That's because both these jab types don't actually contain any antigenic components. They contain genetic information that forces the body of the vaccinee to make antigenic components, namely the spike protein of the now no-longer-circulating Wuhan strain of SARS-CoV-2.

This is succinctly put by two eminent Austrian vaccine scientists from the Medical University of Vienna, Franz Heinz and Karin Stiasny, in their [detailed review paper in a Nature journal, NPJ Vaccines](#), where they state that both types of 'vaccine' "...do not contain the spike protein but provide genetic information for its biosynthesis in body cells of the vaccinee."

The US Centers for Disease Control and Prevention (CDC) chose to [revise its definition of a vaccine](#) on 1 September 2021 so the mRNA and viral vector jabs wouldn't fall foul of it. The vaccine definition changed from, "A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease" to the [broader, more inclusive definition](#), "A preparation that is used to stimulate the body's immune response against diseases". Other health authorities will undoubtedly follow suit as these new platforms become more and more widely used, and not just to target this one pathogen.

Such is the 'let's make it up as we go along' approach, we noticed, at the time of writing, the CDC has [failed to update the 'vaccine' entry on this glossary](#).

In their [comprehensive review](#), Heinz and Stiasny refer to both the mRNA and viral vector type products as 'genetic vaccines' – because they deliver genetic information to the body to make it synthesise the antigen. This is why the term 'gene therapy products', while having been [branded repeatedly as conspiracy theory](#), is a reasonable description. A paper

published in the journal *Genes and Immunity* states that covid-19 ‘vaccines’ “...signify a breakthrough in the field of gene therapy, which has battled to achieve ordinary acknowledgement due to a large number of sceptical and conservative scientists and other claimed safety and translational concerns”. The ‘vaccine’ tag could be viewed as particularly misleading given the products are not capable of generating herd immunity as they don’t illicit a strong enough sterilising response from antibodies to prevent infection and transmission.

Furthermore, and contrary to what is inferred by health authorities, comprehensive [research using a pseudovirus that expressed spike protein](#) in Syrian hamsters conducted at the Salk Institute found that the spike protein (Fig 1) was far from harmless. It appears to be toxic in its own right and it is the primary component that induces the vascular disease that develops in severe, life-threatening cases of covid-19.

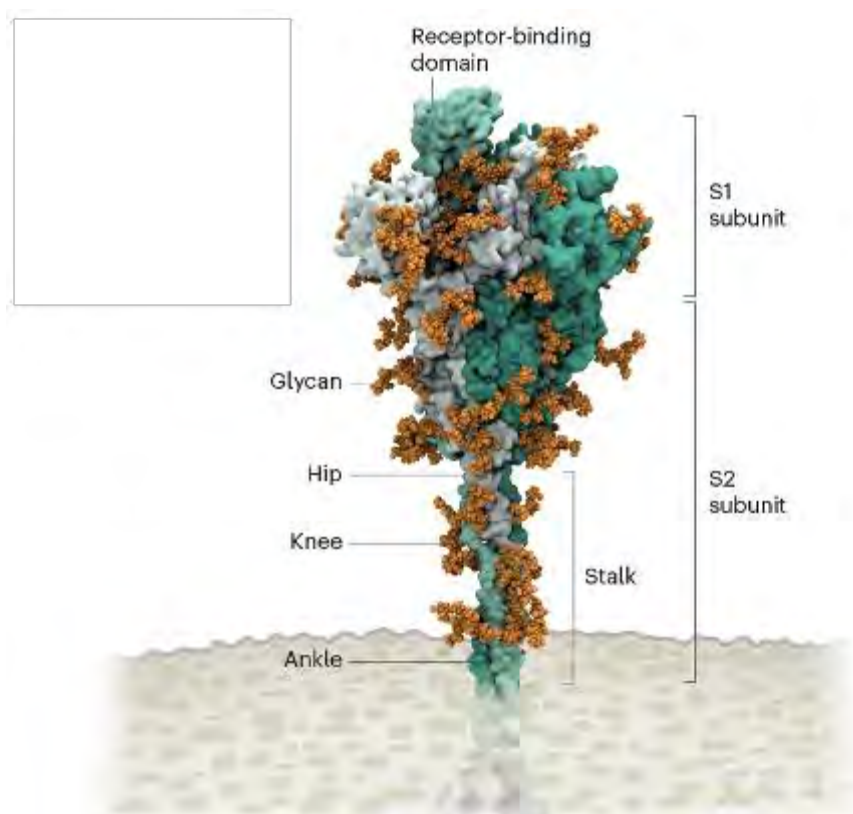


Figure 1. The spike protein of SARS-CoV-2, coated in sugar molecules (glycans), with receptor-binding domain in the upper, S1 subunit. **Source:** [Nature, 2021](#)

What might be in the vials that isn’t declared?

The simple answer is we don’t know. We know what we’re being told is in them, but there is increasing evidence of big variations in the quality and composition of different batches, which may or may not be deliberate. Contaminants, described in mainstream media articles as “black particles”, have been found in Japan ([here](#) and [here](#)), as has [“white floating matter” in the Pfizer jabs](#).

There has also been considerable speculation around the presence of other materials that do not appear on the official data sheets, notably reduced graphene oxide (rGO), in the injection products. Graphene is a single atom thick layer of bonded carbon atoms arranged in a hexagonal pattern.

It has many remarkable properties and has been extensively researched for its ability as a potential vaccine carrier and adjuvant.

Dr Pablo Campra from Almeria University in Spain [published a report](#) (English translation on Researchgate [here](#)) on 2 November 2021 claiming the detection of graphene in the Pfizer 'vaccine'. An interim report of the study be found [here](#) and a video and more information [here](#).

One group of anonymous scientists that appear to be based in Germany, also [reported at a conference](#) finding graphene oxide in samples of all 5 of the WHO-approved 'vaccines' considered here.

Contesting these highly controversial views are fact checkers and mainstream news channels galore, as one would expect, but no serious analytical chemists.

Other than potential contaminants or hidden ingredients, there is also the possibility of being injected with nothing other than saline, as reported [here](#), [here](#) and [here](#).

What should be in the vials?

Let's now look at what should be in the two types of 'genetic vaccines', summarised in Table 2.

Table 2. Claimed key ingredients in the 5 main WHO-approved covid-19 injections

Type	Company	Name	Eukaryotic production cell line	Dosage	Other key ingredients
mRNA	Pfizer/BioNTech	BNT162b2, Cominarty	N/a	30 µg RNA (2x)	PEGylated lipid nanoparticles*†

	Moderna	mRNA-1273, Spikevax	N/a	100 µg RNA (2x)	
Non-replicating viral vector	Oxford/AstraZeneca	AZD1222, Vaxzevria	HEK293	5×10 ¹⁰ adenovirus vector particles (2x)	Polysorbate 80 (E433), sucrose, disodium edetate dihydrate
	Janssen/Johnson & Johnson	Ad26.COV2	PER.C6	5×10 ¹⁰ adenovirus vector particles (1x)	2-hydroxypropyl-β-cyclodextrin (HBCD) Citric acid monohydrate, Ethanol, Polysorbate-80
	Serum Institute of India	Covishield (Ox/AZ formulation)	HEK293	5×10 ¹⁰ adenovirus vector particles (2x)	Polysorbate 80 (E433), sucrose, disodium edetate dihydrate

*Pfizer/BioNTech (Cominarty) contains: ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate, (ALC-0315), 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159), 1,2-Distearoyl-sn-glycero-3-phosphocholine (DSPC)

†Moderna (Spikevax) contains: Lipid SM-102 (heptadecan-9-yl 8-[(2-hydroxyethyl)[6-oxo-6-(undecyloxy)hexyl]amino]octanoate), 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC),

1,2-Dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000 DMG),
 Trometamol, Trometamol hydrochloride

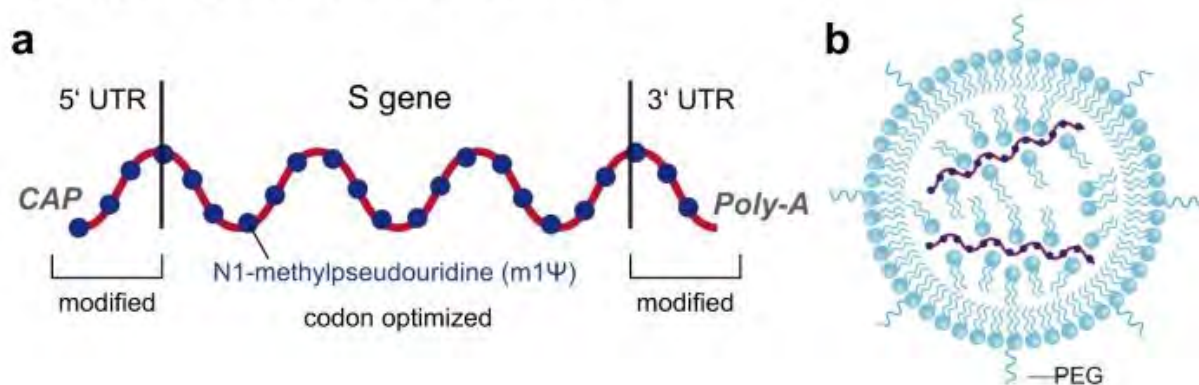
mRNA type

Both the Pfizer and Moderna jabs rely on similar technologies, namely mRNA (messenger RNA) that is a transient intermediary between genes and proteins. Companies like Moderna have been founded to exploit the potential to use this technology to get the body to produce an array of therapeutic proteins.

The Moderna jab relies on over three times as much mRNA as that of Pfizer.

The [messenger RNA \(mRNA\)](#) is synthetic and now commoditised, encoding instructions that force the vaccinee's cellular machinery to produce a modified form of the full-length SARS-CoV-2 protein.

Fig. 3: Configuration of mRNA vaccines.



Source: [Heinz FX, Stiasny K. *npj Vaccines*. 6, 104 \(2021\)](#)

The RNA sequence in each of the two mRNA 'vaccines' is modified from the one used by the actual SARS-CoV-2 virus when it co-opts particular organelles in cells ([endoplasmic reticulum and ribosomes](#)) to translate the RNA that is converted to DNA to make its own spike proteins. The uridine bases are all substituted for N1-methylpseudouridine to make the [mRNA both evade the immune system and enhance protein production](#). The RNA strand is also 'capped' and 'tailed' with methylguanosine and poly-adenine, respectively, to further stabilise the mRNA and promote its translation. The genetic instructions have yet another trick in store that's at odds with what happens when hosts produce spike proteins from the RNA of beta-coronaviruses. [Two mutations that involve proline substitutions](#) are built in at the beginning of the central helix of the spike protein to force it to stay in its 'up' prefusion conformation – the state it's in before it enters cells, after which it switches to the 'down' position. This unnatural 'up' position forced upon it by the structurally stiff proline molecules is intended to increase the exposure of the spike protein to the host's immune system. This way it increases the amount of neutralising antibodies generated through the humoral (adaptive) immune response.

Each mRNA sequence is encased in a nanoparticle comprised of three main components: an ionizable phospholipid (phosphocholine), a sterol and a lipid-anchored polyethylene-glycol (PEG) molecule. This is in effect a targeted drug delivery system that's never been used at scale before – certainly not in efforts to treat a global population. The lipid nanoparticle (LNP) is multi-functional in that it protects the very fragile mRNA, it reduces particle aggregation and it exploits the tendency of cell membranes to draw the lipid (along with its mRNA cargo) into cells.

It is too early to fully understand how new-to-nature mRNA, modified spike proteins and lipid nanoparticles will affect those injected in the long-term. The likelihood is that these synthetic genetic 'vaccines' that are injected directly into our bodies present a substantially greater risk to our species than the consumption of genetically modified foods that has been the subject of open scientific and public discourse for decades, with millions of consumers choosing to avoid their consumption.

Furthermore, it is now well known that the LNPs do not remain in the deltoid muscle injection sites, a fact that was revealed on disclosure of a Japanese biodistribution study used by regulators to grant Emergency Use Authorisation of the Pfizer jab.

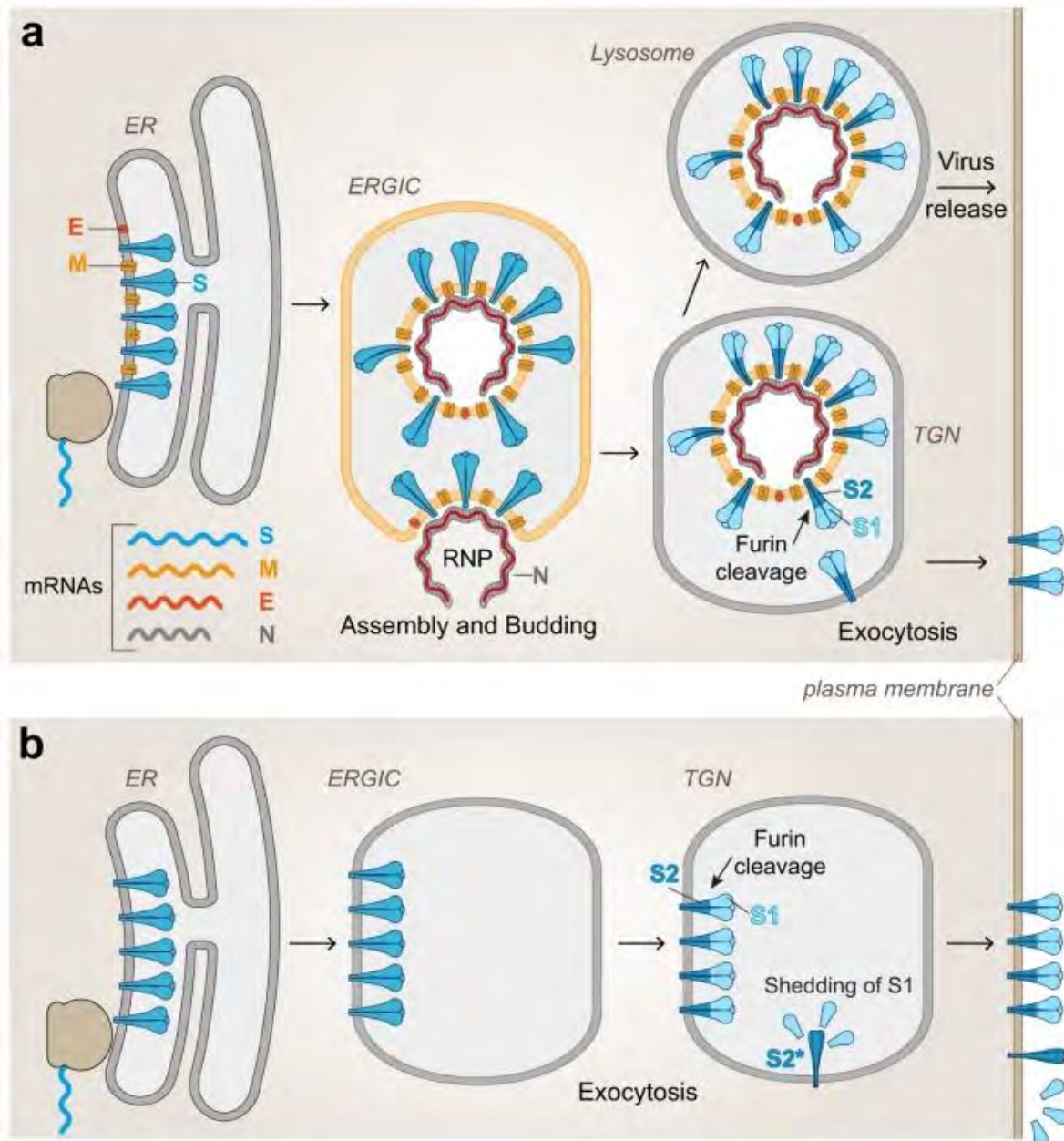
The possibility of the mRNA being delivered to a young woman's ovaries is more than a possibility. If it were to encode for the spike protein, toxicity or an immune response it could adversely affect fertility. It is our view that there is no conclusive evidence that these 'genetic vaccines' will not adversely affect fertility of either women or men. This risk is likely to increase with successive exposure to the jabs.

Viral vector type

While these 'genetic vaccines' also get the body to produce the spike protein, they are more complex in nature. Unlike RNA jabs that are entirely synthetic in origin, they rely on mammalian cell cultures.

The adenoviral vectors are derived from chimpanzees and are subject to two key mutations: one that eliminates the E1 gene that stops the virus from replicating once in a vaccinee, the other that inserts the DNA of the adenovirus, a cloned gene that encodes for the full-length

spike protein.



Source: [Heinz FX, Stiasny K. npj Vaccines. 6, 104 \(2021\)](#)

In the Oxford-AstraZeneca, Gamaleya and CanSino 'vaccines', viral vector particles are sourced from primary human foetal kidney cells (HEK293). The Janssen 'vaccine' relies on human foetal retinal cells (PER.C6) (Table 2). The process is complex and involves detergents and filters to remove free viral DNA and other debris. On all accounts, some 80% of the overall protein content of the jab may in fact be impurities from the foetal cell lines. [Heinz and Stiasny separately calculated](#) that the total protein content of the 50 billion adenoviral vector particles would amount to about 8 micrograms. Yet a separate study found that the actual protein content was much higher, at between 35 to 40 micrograms. This additional amount (80%) must be related to protein-rich cellular impurities from the human foetal cells lines. Have religious groups, vegetarians and vegans been informed of the presence of this human cell line debris?

Instead of the spike protein being made in the cytoplasm and endoplasmic reticulum outside the nucleus of the cell, the viral vectors rely on the adenoviral DNA entering the nucleus and transcribing itself to RNA before it can generate the spike protein. The additional steps mean there are greater possibilities for aberrant genetic processes and transcription patterns, as shown by [Almuqrin and colleagues](#). Animal experiments have shown that the adenoviral DNA, in contrast to mRNA, may remain viable and detectable for months following injection, this being one reason that viral vector jabs are less prone to waning immunity.

Do the 'vaccines' contain nanotechnology?

The LNPs in the Pfizer and Moderna jabs certainly are [sub-100 nanometres in size](#). The adenoviral vector types rely on chimp adenoviruses that are typically at or just above this relatively arbitrary threshold. However, given that size really does matter when it comes to changes in biological properties, the lack of robust safety data on the LNP-dependent mRNA jabs is of particular concern.

Equally concerning is that the public keeps being told there's no nanotechnology in the jabs. Take a [quote by Mark Lynas](#), a visiting fellow at the Alliance for Science and Cornell University, for example. He said, "*None of the vaccines contain nanotechnology of any sort, let alone 'transhumanism nanotechnology,' which isn't even a thing.*" Unfortunately, [Mark Lynas, who writes for](#) the New York Times, the Washington Post, the Wall Street Journal, the Guardian and CNN.com, is wrong on both counts. As we've already seen, the LNPs in the Pfizer and Moderna jabs are most certainly nanoparticles given their size distribution. The game is given away even in their name (LNPs)!

Then there's the transhumanism claim. It is a thing – potentially a very real thing in the eyes of those who are pushing jabs as the only way out of this 'pandemic'. For an introduction to transhumanism, you might want to dive into a somewhat conventional take on the subject via [Wikipedia](#). You might also want to check out the [Fourth Industrial Revolution](#) (Penguin, 2017), by founder of the World Economic Forum, Klaus Schwab. He [describes this](#) as a revolution "*characterized by a fusion of technologies that is blurring the lines between the physical, digital, and biological spheres.*" Mark Lynas seems unaware of the insights of Schwab and other transhuman proponents on designer beings or humans with gene-edited artificial memories.

To create a robust and durable immune response, you ideally need trained innate immunity coupled with well integrated adaptive immunity made up of an appropriate humoral (B cell derived neutralising antibodies) and cell-mediated (CD4⁺ and CD8⁺ T cells) response. Spike protein focused covid-19 jabs largely elevate neutralising antibodies that only partially neutralise the spike protein of the delta variant (even less so for omicron), while damaging both the innate immune and cell-mediated (T cell based) adaptive immune response.

>>> [Find out more about how the jabs can interfere with the immune systems of vaccinees](#)

>>> [How safe are covid 'genetic vaccines'?](#)

>>> [Pathology conference in Germany \(4 December 2021\)](#) (with video recording including English voice over) considering adverse effects of covid-19 injections and corruption

>>> [Download](#) FDA-released data dump on adverse events from BioNTech/Pfizer (Comirnaty) jab up to 28 Feb 2021

It's a pandemic of the unvaccinated, right?

The UK Health Security Agency (UK HSA), formerly Public Health England, had a long standing reputation, since the news of a new coronavirus in Wuhan broke in early 2020, as being one of the most comprehensive datasets for epidemiological study.

By October 2021 there was an [emerging picture](#) of catastrophic failure of the technology that so much of the industrialised world had appeared to pin its hopes on. That included data from the UK HSA.

It wasn't long before one of many changes in reporting changed the pattern of the data. Initially it was hard to understand why a process that had looked like increasing 'vaccine' failure had suddenly turned itself around, with vaccinees appearing to have better outcomes in terms of cases, hospitalisations and deaths than the jab-free. We started finding anomalies in the data on supposedly covid-caused or all-cause mortality and immediately sensed that what might be going on was that the people who had been initially jabbed were being counted as jab-free.

Then we saw that Dr Martin Neil and Prof Norman Fenton of Queen Mary, University of London, along with a number of other colleagues, had done a stunning analysis of the latest UK HSA data. Don't expect a major journal to have published the work – as these have all been systematically blocking publication of any scientific views or analysis that contradicts the mainstream narrative. So you'll have to [read the paper](#), for now at least, on the preprint server Researchgate.

What the researchers found once they'd adjusted all-cause mortalities for likely miscategorisations of deaths was that the jabs had no benefits whatsoever. The first signal that something was wrong came when they saw consistent spikes in all-cause mortality deaths of specific age groups of the jab-free. These coincided with the exact times that jabs were being rolled out to these age groups! How could the jab-free be affected? The answer appears to be: when the reportedly jab-free are actually the jabbed.

Their work is truly disturbing and concludes not only that there was almost certain systemic miscategorisation of deaths between the different categories of unvaccinated and vaccinated, but also delayed or non-reporting of vaccinations, systemic underestimation of the proportion of unvaccinated, and/or incorrect population selection for covid deaths.

It remains to be seen how the UK HSA will respond – but chances are the publication will either be ignored because it was not published in a peer reviewed journal or Dr Neil and Prof Fenton will become targets for abuse and ridicule.

One thing is for sure: the UK HSA can no longer be trusted for its data quality.

Some Numbers

- Over 5.8 million genome sequences of SARS-CoV-2 have been shared with [GISAID](#)
- 55% of the world population has received at least one dose of a covid-19 jab
- 21 billion doses have been administered globally
- 87 million are estimated to be administered every day
- Only 6.2% of people in low-income countries have received at least one dose
- Only 7.7% of people in the African continent have received at least one jab

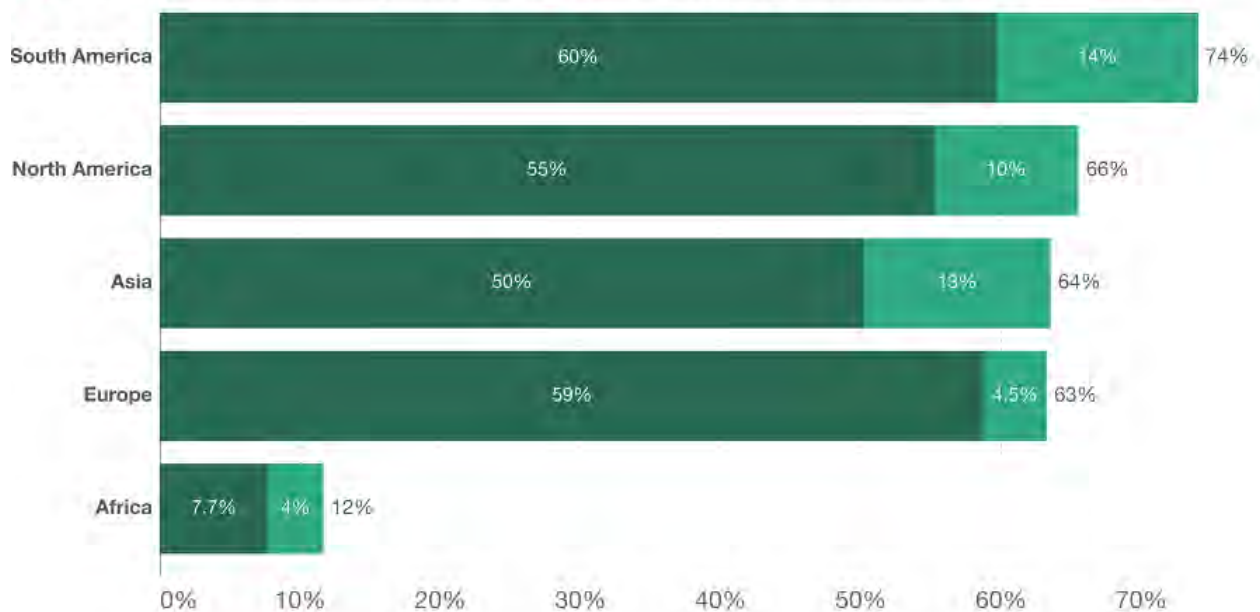
Source: [Our World In Data](#)

Share of people vaccinated against COVID-19, Dec 6, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Our World
in Data

■ Share of people fully vaccinated against COVID-19 ■ Share of people only partly vaccinated against COVID-19



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.

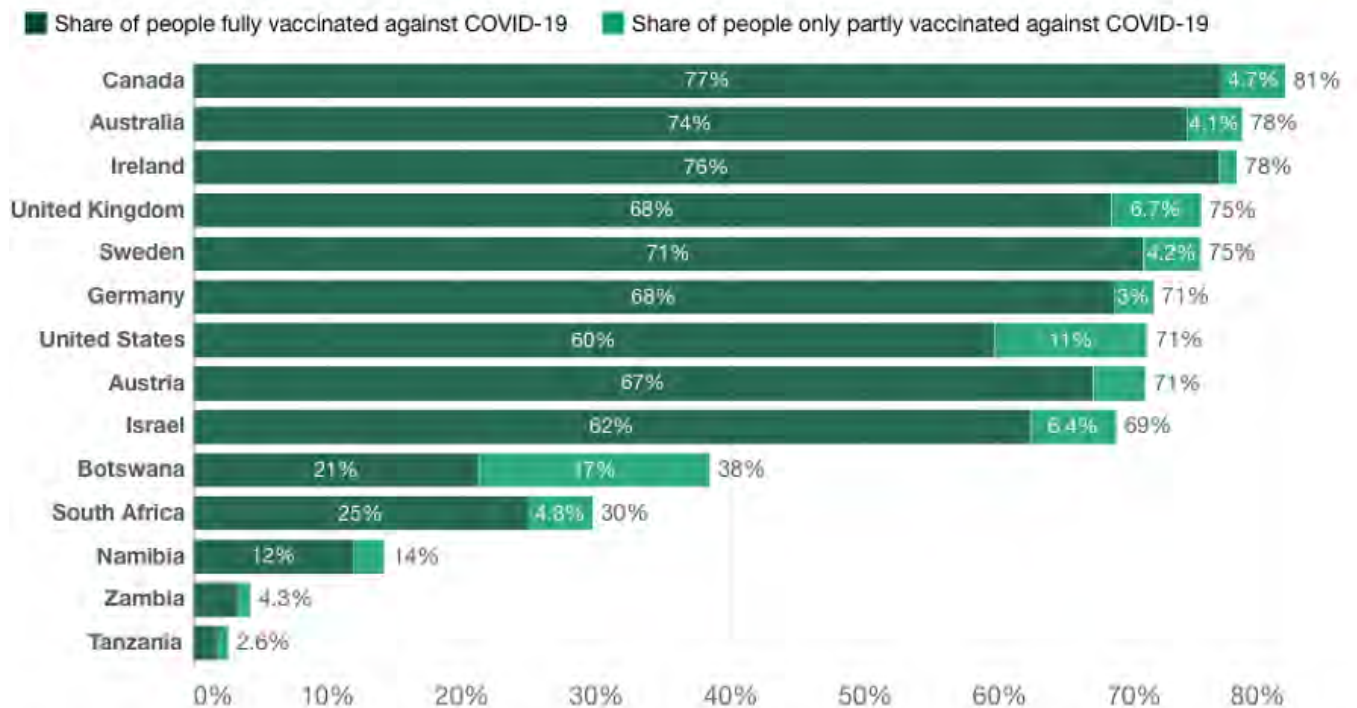
CC BY

Figure 1. Covid-19 jab coverage by continent.

Share of people vaccinated against COVID-19, Dec 6, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Our World
 in Data



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.
 CC BY

Figure 2. Covid jab coverage in selected countries as of 6 December 2021.

Omicron update

Last week, we published a [detailed article](#) on the omicron variant that provided evidence suggesting that it was improbable that the variant originated in southern Africa. We figured it was politically expedient for Africa to be placed under huge pressure to increase its vaccination coverage (see Figs 1 and 2).

Will omicron successfully outcompete delta worldwide? Emerging data from the Tshwane District in South Africa, which has been described as the “[global epicentre of Omicron Outbreak](#)”, suggest omicron has been able to outcompete delta in this area and it appears likely this trend will be seen elsewhere.

Final word

This article scrapes the surface of what is known and not known about these gene therapy products widely misrepresented as ‘vaccines’. More than that, misrepresented as ‘safe and effective vaccines’.

Omicron will be used as a lever to jab more people. Recognising that the 'ardently jab-free' constitute many of the remaining so-called hesitants, countries like Austria, Germany, Canada and Australia are resorting to mandates or extreme coercion.

European Commission president Ursula von der Leyen has [seized the opportunity](#) afforded by omicron to get EU countries to debate and consider mandatory 'vaccination' given her concerns over "low vaccination rates" in Europe.

The very least anyone should expect in the face of a virus that is now on par for lethality to circulating flu, is the right to [informed consent](#). That means informing each potential vaccinee what's in the jabs, what's known and not known about the greatest experiment ever conducted by, and on, humanity, and [what other options there are](#) that are known to effectively combat infection by SARS-CoV-2.

In short, that would mean that nothing you've read in this article should come as a surprise to anyone who has been jabbed. And we know from our many discussions, lectures, webinars and conversations around the world over these last 12 or so months, we are a million miles from achieving the required level of understanding for informed medical consent to have been offered.

To help improve the potential for properly informed consent, while allowing others to exercise their right of refusal in those countries that have yet to introduce mandates, please share this article as widely as you can. Thank you.

Covid Bites (week 50/2021)

Date: 15 December 2021

A global roundup of covid news and information

Content Sections

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- [Lawsuits](#)
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- [Fact checks](#)
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A question many are asking is when will the coronavirus crisis come to an end? The exact question that Peter Doshi and David Robertson attempt to answer in a [new feature](#) in *The BMJ*. The article ends with the conclusion that it's up to us to turn off our TV's, say no to the restrictions and mandates and take back control. Halleluja! Granted, we will need to hold our nerve though as the threats from governments increase in an effort to dial up fear levels. It's easy to be diverted by what's in front of us, rather than focusing on what we're creating and literally intending into being. When we come together and unite we are so powerful. Interesting isn't it that the field that extends out from our heart centres is usually around 2 m/6 ft - social distancing space...

Coercion

- The UK Parliament last night lockstepped with other countries by [voting to introduce](#) further mask mandates, bring in vaccine passports for large venues and endorsed the use of job mandates for NHS workers. A [new study](#) published in *The Lancet* underscores the real reason for the use of vaccine passports is to push more people into being covid jabbed rather than being about the protection of health
- A representative in Illinois, USA is trying to [push through a change](#) to the state's insurance law that would enable health insurance to stop covering the treatment of people who are job-free if they get covid and incur medical bills
- Businesses providing essential services including supermarkets in Queensland, Australia will be allowed to [deny access](#) to anyone who chooses to remain job-free as vaccine passports are introduced

- The English Football League is reported to have [issued new guidance](#) to member clubs which could result in the segregation of players into those who are jabbed, boosted, recovered from covid and jab-free to reduce the spread of covid
- A new [indoor mask mandate](#) has been brought in by New York Governor, Kathy Hochul. Any business not enforcing the mandate could be punished by a fine of \$1,000
- A [new survey](#) suggests nearly a third of Australian businesses have sacked staff who've refused to be covid jabbed. The survey also highlights the divisions being created between people who are and aren't covid jabbed
- Austria has [lifted its general lockdown](#) for those who are covid jabbed, but severe restrictions remain in place for anyone that's jab-free in an effort to force them into to being jabbed. It's [being reported](#) that Austrian citizens over the age of 14 that choose to remain jab-free will be fined up to €3,000 every three months under a jab mandate that's due to be implemented in February 2022 and remain in force until 2024. The measure has yet to be approved by the Austrian Parliament
- In a report for GB News, reporter Alex Story, [shared three recent stories](#) from Germany that illustrate how frightening the divide between the jabbed and jab-free has become. One particularly shocking account was of a school where children apparently have to report their jab status to the class. Those who are jabbed are applauded while those who aren't have to explain why not
- UK Health Secretary, Sajid Javid, [has stated](#) that once all those eligible have been offered a booster jab the definition of being 'fully jabbed' will change to only include those who've had three rather than two jabs
- A visit to a local plant nursery has [landed an Australian hairdresser in a quarantine hotel](#) for two weeks after he was deemed to have come into contact with someone who later tested positive for covid
- Supermarket chain, Kroger, in Cincinnati, US, [has said](#) it will give employees who agree to be covid jabbed a \$100 bonus, but if an employee refuses to be jabbed they will charge them \$50 a month and refuse paid sick leave if a jab-free employee contracts covid
- Kingston, Ontario in Canada has brought in [new restrictions](#) limiting the number of people who can meet at the same time to a maximum of 5. Anyone found to be flouting the rules could be fined up to \$5,000.

Lawsuits

- In the battle to get the US Food & Drug Administration (FDA) to release documents related to Pfizer vaccine data, the FDA [has now requested](#) it be given until the year 2096 (75 years) to disclose all relevant documentation. An increase of 20 years from the previous request of 55 years
- Mandating covid jabs unless people can show proof of recovery is unconstitutional [according to Slovenia's highest court](#). The Slovenian government wanted to bring in the mandate from the 1st October, but the court has blocked it pending a final ruling

- Ambulance workers in the Australian state of Victoria, who refused covid jabs and were fired for their stance are [challenging the decision](#) by filing a case with the [Fair Work Commission](#) against their employer, Ambulance Victoria, saying the action goes beyond the State's directive
- A UK-based team [filed a complaint](#) with the Prosecutor of the International Criminal Court (ICC) earlier this month. The complaint accuses the UK government and international world leaders of committing crimes against humanity in violation of the Nuremberg Code. The new submission follows the [filing of a Request for investigation](#) with the ICC in April 2021
- Following the attempt by New York City mayor, Bill de Blasio, to impose jab mandates earlier this month, a [judge has blocked](#) the move pending a new hearing on the 14th December
- Anti-lockdown campaigners are thought to be behind the [filing of a treason case](#) with a court in Australia against Victorian Premier, Dan Andrews. Mr Andrews or his representative are required to appear before the court on Friday 17th December to answer the charge
- A lawsuit [filed](#) in Chicago in the US is seeking damages for health care employees who have been discriminated against and denied a religious exemption from covid jabs due to their refusal to be covid jabbed.

Pushbacks

- Austrian politics look set to be [shaken up by a new party, MFG](#), which is opposing covid restrictions and jab mandates, entering Parliament and preventing a progressive coalition from being set up as the ruling ÖVG party sees plummeting ratings in the polls
- Train company, Amtrak, [told a House of Representatives panel](#) that covid jab mandates in the US would lead to a cut in services in January due to the potential loss of employees who resolutely refuse covid jabs. In an update today Amtrak [announced](#) it will suspend its vaccine mandate for employees and no longer expects service disruptions in January
- A New Zealand GP, Dr Sophie Febery, [has spoken out](#) about the transmission risk from those who are covid jabbed in front of the Invercargill City Council. She told the council she had lost faith in the jabs as a way of dealing with the pandemic instead advocating for the use of ivermectin in an attempt to prevent the imposition of vaccine passports
- The UK Health Secretary has [branded universal jab mandates](#) as 'unethical' and unworkable in a BBC Radio 4 interview saying that the decision whether or not to be jabbed should be a positive one and not coercive. Despite his comments he remains committed to forcing covid jabs on health care workers in England
- Mark Crispin Miller is a university professor, who teaches propaganda classes in the US, that dared to question the motives of government and health officials in relation to the coronavirus crisis. After he questioned the use of masks in one of his classes a student [made a complaint](#) leading to disciplinary proceedings being brought against him. A year on the university where he works has told him that no action will be taken against him

- Recognising the very real risk of myocarditis in younger men following covid injection, Japan has taken the step of [labelling covid jabs](#) to warn of the risk of developing myocarditis. It has also reaffirmed its commitment to ensuring any adverse reactions to the jabs are recognised and documented
- Protests have been taking place around the world as citizens rise up against the imposition of totalitarian and authoritarian regimes in previously democratic countries under the guise of covid. In [London](#), [South Korea](#), [Austria](#), [Thailand](#), [East Germany](#) and [Berlin](#) to name a few
- The Canadian Trucking Alliance is [pushing back](#) at attempts by the Canadian government to force its members to get covid jabbed in order to cross the border after January 15th 2022 making it clear that such a move will further increase pressures on and damage to supply chains
- There are only a few days left for Australian citizens to [sign a petition](#) calling on Parliamentarians to oppose the introduction of covid jabs for children aged 5-12 years of age. You have until the 22nd December to support the [petition](#).

Fact checks

In an interesting turn of events, fact checkers, Full Fact, have Fact Checked a number of reporting issues in mainstream media on the incorrect use of data related to covid hospitalisations. On the 21st October 2021 [The Economist was found](#) to be quoting incorrect data in regard to the percentage of hospitalised covid patients that were jab-free. December 6th 2021 saw [The Lorraine Show being outed](#) for also sharing incorrect data on the percentage of jab-free versus jabbed patients in hospital, followed a week later on 13 December by [Dr Ruth Hopkins who was picked up](#) on her reporting on the number of covid hospitalisations in Wales. For once the fact checkers are actually proving to be conveying accurate information.

Child health

- US Surgeon General, Vice Admiral Vivek Murthy MD, has issued a [public health advisory](#) warning about the increased risk of depression, anxiety and suicidal thoughts in children and young people as a result of the coronavirus crisis. The advisory shares recommendations for improving mental health through increasing access to services to support mental health, addressing socioeconomic and environmental issues and much more
- A [new study](#) published in *Circulation* has found that of the 140 cases of myocarditis studied, 98% occurred following mRNA jabs. A [second study](#) published in *Clinical Infectious Diseases* concluded there is a significant increase in the risk of acute myo- and pericarditis in Chinese teenagers following the Pfizer mRNA jab. Of the 33 teenagers identified all of them developed myo- and/or pericarditis following mRNA jab.

-

Covid injections

- Most covid infections in highly 'vaccinated' populations (65-75%) occur in those who've been jabbed rather than those who are jab-free according to a [new preprint study](#)
- At least 1,000 people need to be isolated in order to prevent one transmission event of SARS-Cov-2 according to a [new preprint study](#). The paper concludes that excluding jab-free people from public settings brings negligible benefits because they do not pose a significant risk of transmitting the virus
- [Real not Rare](#) is a new initiative raising awareness of the very real risk of vaccine injuries by sharing the stories of those harmed by covid jabs. The campaign is calling for the censorship of those who've been harmed to stop, large scale research to be conducted to increase understanding of the problems, all jab mandates to cease and covid jab injuries to be added to the [National Vaccine Injury Compensation program](#)
- A [new film](#) from Canada, 'I am Not Misinformation', also seeks to publicise the plight of those harmed by covid jabs. The film features a group of vaccine injured individuals all of whom say they 'aren't anti-vax', they had concerns about being jabbed, but believing them to be safe went ahead and suffered adverse reactions. The [film](#) also talks to health professionals who share their experiences in dealing with patients damaged by the jabs as they try to educate people about the risks of covid jabs
- [Shocking reports](#) of harms to children, babies and newborns following administration of covid jabs are now emerging in the US. [Two babies in Brazil are reported](#) to have been hospitalised after they were accidentally covid jabbed when they went for their baby jabs. Despite such reports, the jab rollout continues unabated as it starts to target younger children, who are at least risk of severe illness due to covid
- As data emerges in relation to omicron infections, it's [becoming apparent](#) that those who've received covid jabs are at higher risk of becoming sick than those who remain jab-free
- The [National Guard has been drafted into](#) Maine and New York healthcare facilities after many healthcare workers were fired for not acceding to covid jab mandates
- A former UK vaccine taskforce boss, [Clive Dix, writing in The Telegraph](#) has said that covid jabs, "...were not designed to end transmission" and "...will not stop the spread of the virus in the short or medium term", having only been designed to prevent severe illness and death. He also casts doubt on the validity of booster jabs for young, healthy people instead suggesting it's more important to focus on dealing with the backlog of chronically sick patients.

Treatments

- In a shock revelation it has emerged that virologist, Dr Andrew Hill, [changed the conclusions](#) of a study assessing the efficacy of ivermectin in treating covid patients in order to please his funders - to the tune of \$40M USD. In doing so, he admitted in a recorded call to potentially condemning around half a million covid patients to death as he declared ivermectin to be an 'ineffective treatment' for covid rather than 'overwhelmingly effective' as he had originally concluded. [Dr Tess Lawrie](#) spoke to him in an effort to change his mind, but he chose to cosy up with his funders (the Gates Foundation) rather than support a treatment that has saved many covid patients' lives. Covid patient Sun Ng is lucky to be continuing his recovery from

severe covid disease after his lawyer, Kristin Erickson, overruled the hospital and procured ivermectin for him via a court order. After 3-weeks on a ventilator, he is [urging health care professionals](#) to think outside of the current care box and challenge their hospitals to allow such treatments to save severely ill patients

- An [Iranian study](#) published in *Trials*, has found supplementation with vitamins A, B, C, D and E reduced the inflammatory response and severity of covid illness in covid patients in critical care units
- A [new large research study](#) from Brazil shows that ivermectin used as covid prophylaxis, significantly reduced hospitalisations and deaths due to covid over a 7-month period in 2020
- *Echinacea purpurea* has been shown to reduce the risk of being hospitalised from covid-19 due to its anti-viral effects reducing viral load in infected individuals according to a [new preprint study](#).

Censorship

- UK TV show Good Morning Britain [deleted a Twitter poll](#) asking people if they supported mandatory jabs after 89% of over 42,000 respondents said no
- Twitter has [quietly updated](#) its policies to allow it to impose sanctions on those who tweet about the ability of jabbed people to spread covid and become infected with covid
- [Facebook's lawyers have said](#) that its 'fact checks' are not actually fact checks, merely 'protected opinion'. The claim comes as part of Facebook's defence against a defamation claim being made by journalist and author John Stossel who was 'fact checked' by the social media platform and hit with a warning label.

Natural immunity

Getting sick with covid confers [greater overall protection](#) that lasts longer than that provided by covid jabs, which has been shown to wane quickly

Other covid news

- [Warnings are being sounded](#) that focusing on the booster campaign in England could result in five thousand cases of cancer a month being missed as GPs scale back on routine appointments
- The European Commission is [preparing a massive campaign](#) to push covid jabs in Eastern European countries that continue to have a low uptake
- It's [being reported](#) that demands for job-free health care workers to be reinstated are being made in Italy after the suspension of those rejecting covid jabs put the health care system under extreme pressure and strain

Speaking Naturally with Nick Hudson of PANDA

Date: 15 December 2021

Join Rob Verkerk for another fabulously informative, open discourse with one of the most consistent voices of reason and dissent throughout the pandemic

This week, Rob Verkerk has interviewed Nick Hudson, chairman of PANDA, short for Pandemics - Data & Analytics. That didn't stop Nick from ensuring there was a Panda soft toy on-screen during the interview!

Nick, speaking to us from his home in Cape Town, has been one of the most consistent voices of reason and dissent (yes, they go can together) since the pandemic was named. He's an actuary by way of background and his deeply analytic mind has a fabulous ability to hunt down consistent or inconsistent logic structures. More to the point, he expresses himself so succinctly, especially when allowed to 'speak naturally' in an environment he knows is uncensored. Get prepped for a fabulously informative one hour discussion between Nick and Rob - that covers a broad arena of issues, from the danger of forcing so many people to have a cyclops vision of health, through to omicron, business and societal impacts, and some of the big questions of the day, including what's happening to human consciousness.

If you find this open discourse of value, please share widely.

>>> Share link for

video: <https://odysee.com/@ANHInternational:5/NickHudson:c?r=qiRpRqU6X8oQNpqNBfwzZPqtyAwiRczS>

Covid Bites (week 51/2021)

Date: 22 December 2021

Our final global roundup of covid news and information for 2021

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This year, 2021 has brought a swathe of challenges in the guise of the coronavirus crisis. The rhetoric against those who question the mainstream narrative has become ever more shrill, with calls for those who're holding the line to be [treated as terrorists and undergo deradicalisation programmes](#). Whilst the pressures from the powers-that-be seem to increase every day, the strength of the resistance movement is also increasing daily - amply aided by evidence of cover-ups, harms, [data manipulation](#) designed for pure propaganda and [attempts to bring down](#) those who stand in opposition. We may be at the darkest time of the year in the northern hemisphere, but Solstices always offer a new dawn, none greater than the one this year. We have so many reasons to continue to hold the line and not capitulate in unison — for our futures, especially those of our children and our children's children.

Pushbacks

- America's Frontline Doctors is planning to [open its own healthcare clinics](#) and is inviting medical staff, pharmacists and potential patients to register their interest in becoming involved in the scheme
- The Japanese government has [explicitly said in a notice](#) on the Ministry of Health, Labour and Welfare's website that covid 'vaccines' will only be given with the consent of the person to be vaccinated and asks that no-one is forced into being injected or discriminated against should they choose to remain jab-free
- [Defeat the Mandates](#) is calling on American citizens to join together and march on Washington DC to defeat the imposition of vaccine mandates on 23rd January 2022
- UK football club, Carlisle United, [has announced](#) it will be cutting its stadium capacity in order to dodge the need to bring in the use of vaccine passports

- It comes to something when a highly respected journal like the *British Medical Journal (BMJ)* feels the need to [pen an open letter](#) to Mark Zuckerberg to raise serious concerns about censorship of its articles on Facebook. The letter was written in response to an article about the concerns raised by a whistleblower over serious issues with the Pfizer phase III trials and the censorship applied by Facebook to the *BMJ's* article when readers tried to share it
- Football pundit, Matt Le Tissier, has well and truly [put his head above the parapet](#) by criticising the UK government's imposition of vaccine passports on football fans in order to attend matches and said that the government is basically saying that the jabs don't work
- Boeing has [suspended its vaccine mandate](#) for employees in the US. The company stated in internal communications that it was down to a court ruling halting the enforcement of mandates for federal contractors, however recent weeks have seen nearly 9% of its US workforce seeking vaccine exemptions - a significantly higher number than Boeing management anticipated
- Former governor of Alaska, Sarah Palin, is reported to have [said in no uncertain terms](#) that she will not get a covid shot as part of a recent interview - "*It'll be over my dead body that I'll have to get a shot. I will not do it. I won't do it, and they better not touch my kids either.*"
- The Swiss people are [holding a referendum](#) to decide whether all job mandates should be banned after the Swiss Freedom Movement Association (SFMA) collected 125,000 signatures to trigger the vote. The SFMA is calling for the Swiss constitution to be changed to recognise an individual's inalienable right to decide whether they should be jabbed or accept implants of any kind without fear of punishment for that decision
- Italian citizens have [continued to protest](#) against ongoing covid restrictions, the Green Pass and job mandates
- Hundreds of thousands of people in the UK once again [gathered in London](#) over the weekend to express their rejection of covid restrictions of all types
- The Justice Centre in Canada has published a report '[Are lockdowns worth their cost?](#)' detailing the harms and costs of the Canadian government's covid lockdowns
- Australia's top female tennis player, Olivia Gadecki, has [pulled out of the Australian Open](#) in January because she chooses not to be covid jabbed
- Top basketball player Kyrie Irving has stuck to his guns when it comes to not being covid jabbed even though he was sidelined by his club for his decision. He has now [been brought back](#) in to play away games with the Brooklyn Nets as more and more jabbed players fall victim to covid
- Military personnel in the US who refuse to be covid jabbed are [holding the line](#) as the defense services start to dismiss those standing firm against the mandates
- A [release of emails](#) in the US reveal the smear campaign against the team behind the Great Barrington Declaration and the attempt to coordinate a 'devastating takedown', orchestrated by Dr Anthony Fauci and the then Director of the National Institute of Health (NIH), Francis Collins

- Dec 19, 2021: Around forty Italian doctors [broke into the assembly](#) of the Order of Doctors of Rome demonstrating against the requirement to be covid jabbed or face suspension from their roles
- UK lawyer and campaigner, Anna de Buisseret, has launched a new website [Informed Consent Campaign](#) designed to educate UK citizens about informed consent to help them to remain firm against coercions to be covid jabbed
- [Warnings are being sounded](#) in England that hospital units may have to close due to staff refusal to be covid jabbed even in the face of the threat of jab mandates. Particular concern was expressed over the potential loss of midwives not only because they're difficult to replace, but because there is already a serious shortage of midwives in the NHS.

Coercion

- Google employees [have been told](#) they have to be covid jabbed or they will lose their jobs. In a nasty sting the company has said that anyone not providing proof of being jabbed or an appropriate exemption will be put on paid administrative leave for 30 days, following which they will put on unpaid leave for up to six months after which their employment will be terminated
- The new German chancellor [has said](#) the government will take all necessary measures to control the spread of the omicron variant of covid and that nothing is off limits
- A care home in The Netherlands [has erected fencing](#) around parts of the home after relatives contacted their loved ones through windows and touched their hands, saying it was in order to protect residents from covid
- Welsh residents [could now be fined](#) £60 for going to the office if it's deemed possible for them to work from home. Employers allowing employees to go to the office could be fined up to £10,000 for breaching the regulation
- UK regulators are [reported to be drawing up plans](#) for yet another lockdown following Christmas. The prime minister, Boris Johnson, has ruled out additional restrictions before Christmas
- France's PM Jean Castex has announced the [introduction of a law](#) to change the terms of the French "health pass" (vaccinated, recovered, tested) into a "vaccination only-pass" to put even more pressure on those who are currently jab-free to be covid jabbed
- Ireland has [further tightened the noose](#) on the hospitality industry by announcing the introduction of an 8pm curfew and a reduction of 50% in occupancy limits
- New Zealand doctors who are found guilty of speaking out against covid vaccines will [automatically have their medical licences removed](#)
- People in New York protesting against covid passes [have been arrested](#) for refusing to show covid passes when trying order food in Applebee's
- The Dutch government is [implementing a strict lockdown](#) that will last into the New Year in a bid to stop the spread of the omicron variant of covid

- A new bill, [Bill A416](#), is being introduced in New York, which could see individuals being detained at will if they are deemed a potential threat to others if they have been exposed to or infected by a contagious disease in order to be jabbed and/or receive other medical treatment
- In a further turning of the screws, teachers in the Australian state of Victoria who refuse to be covid jabbed, [have been told](#) they will lose their holiday pay, amounting to thousands of dollars, for the whole summer break.

Lawsuits

- A [court case has been brought](#) challenging a decree preventing jab-free people from using trains in Mumbai in India. The Court has asked the Maharashtra Chief Secretary to clarify why the order has been put in place
- Independent journalist, Alex Berenson, is [taking Twitter to court](#) after it banned him permanently due to a tweet questioning the effectiveness of covid jabs
- The fight to prevent the imposition of covid jabs in the US has taken another twist as the 6th Federal Court of Appeals [ruled in favour](#) of the Biden jab mandates. The matter will now be taken to the Supreme Court for a final decision. In the meantime mandates are being implemented arbitrarily, people are losing their livelihoods as a result with people being segregated based on their medical status
- In a win for kids, a judge in California [has overturned](#) San Diego's school district mandates that students over the age of 16 must be double jabbed by 20 December 2021 to attend in-person classes.

Child health

- Dr Jayaprakash Muliyl, a member of the Indian National Technical Advisory Group on Immunisation (NTAGI), [has told](#) a news channel that there is no need to jab children against covid currently as the data shows they are not at any significant risk
- A school district in New York has [sent an email](#) to all parents introducing a district doctor employed as a result of a new regulation requiring all districts to ensure nurses and coaches can deal with the treatment and monitoring of students who show signs of sudden cardiac arrest.

Covid injections

- In [the largest study](#) to date of cardiac issues following covid injections published in *Nature*, researchers have found an increased risk of heart issues following covid injections. The study found that 1% of those jabbed were either hospitalised or died as a result of irregular heartbeats (cardiac arrhythmia). The paper also highlights the risks to future health of those who suffer from myocarditis, warning it's far more serious than just a mild illness as has been reported time and again by the media in efforts to dismiss concerns over rising levels of cardiac issues following covid injection
- Suggestions have been made that the Centers for Disease Control (CDC) has [significantly overcounted](#) the number of American citizens that have been covid jabbed in a massive data fudge. It's alleged that many second doses and booster shots have been recorded as first shots to up the numbers

- Ugur Sahin, the CEO of BioNTech, [has warned](#) that even three doses of the existing covid jabs are not enough to prevent the spread of the omicron variant, as he readies people to expect yet more shots to combat omicron in the New Year
- A Japanese medical bulletin, Med Check, [is warning](#) that young people in their 20s have a 7-times greater risk of dying from cardiovascular disease following covid injections than of dying due to covid infection as well as stating the harm of covid jabs to children could be enormous
- Renowned US neurosurgeon, [Dr Ben Carson](#), has [warned American parents](#) of the dangers what he calls a "*great experiment*" in regard to the covid injecting of children, and has said that he absolutely does not support the jabbing of young children who are at very low risk from covid
- A [new paper](#) published in *Vaccines* sounds an alarm over the potential for vaccine derived spike proteins to cross the blood-brain barrier and cause neuroinflammatory problems following vaccination. The conclusions of the paper mirror the tsunami of neurological issues following covid injections that's seen in real-world adverse reporting systems already and being reported anecdotally.

Testing

The US Centers for Disease Control (CDC) will [withdraw emergency use authorisation](#) for the CDC 2019-Novel coronavirus RT-PCR test with effect from 31 December 2021. The test is being 'retired' in favour of newer tests that have a higher throughput or can test for more than one virus at a time. The CDC says the RT-PCR test was brought in to fill a gap and that due to the wide range of other tests now available it is now longer needed.

Treatments

- A key Ivermectin trial has been suspended after an apparent supply issue, which has affected the PRINCIPLE trial. In a statement to [MedPage Today](#) via email, Merck, which has been providing ivermectin to the trial said it has "*concluded that the probability of ivermectin providing a potentially safe and efficacious treatment option for SARS-CoV-2 infection is low and have prioritized internal efforts towards the development of alternate candidates that provide a higher probability of success for the treatment of COVID-19.*"
- Israeli scientists [publishing](#) in *iScience* have reinforced that covid is not just a respiratory disease but an immune and respiratory illness. Lead researcher, Prof Dan Mishmar [said](#) the team were surprised to find damage to cell mitochondria outside of the lungs which they think could be driving the worst effects of covid and that patients could be potentially be helped by the use of over the counter antioxidant supplements.

Natural immunity

- This [6 min YouTube clip](#) is time extremely well spent. Especially if you've ever wondered about Fauci's budget or level of manpower he can access! Please share through your networks. We really need to get the natural immunity conversation going to antidote the divide being fuelled by fear of the jab-free this holiday season

- A [new Danish study](#) from the [Statens Serum Institut of Denmark](#) shows natural immunity [confers a higher level of protection](#) and doesn't wane in the same way as that from covid jabs. Comparing natural infection against those who've been jabbed and those who've been jabbed and infected, those who had been infected but not jabbed continued to have protection up to a year later whilst those who had been jabbed experienced a waning of protection within weeks of being injected.

Other covid news

- Although the omicron variant is proving to be highly transmissible, [reports from South Africa](#) indicate there have been a much lower number of hospitalisations along with signs that infection rates have reached their peak
- A [new preprint study](#) has confirmed fears that the omicron variant is extremely resistant to all four covid jabs in use currently
- Yet another conspiracy theory has hit the dust. Microchipping humans has been [around for a few years in Sweden](#), but now Epicenter has [showcased a microchip](#) the size of a grain of rice that can store covid passes and be inserted under the skin.

12 broken promises of Christmas

Date: 22 December 2021

If you thought in 2021 'they' had a plan, or were guided by 'science', please think again

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By Rob Verkerk PhD (founder, scientific and executive director) and Melissa Smith (outreach and communications officer)

Instead of counting 12 partridges in a pear tree, let's contemplate the 12 'promises' we've been offered by politicians over the last couple of years....

1. It will take only 3 weeks to flatten the curve

Remember when [Boris Johnson told us](#) it would be just 3 weeks of lockdown, to ['flatten the curve'](#) and prevent health services from being overrun? It was meant to be part of the UK government's [four part battle plan](#) against the new infectious agent.

2. Covid-19 injections are 100% safe

This is an [extraordinary and deeply misleading claim](#). We know even water isn't 100% safe for everyone, if you [overdose on it](#), or it [contains contaminants](#). But it's an outrage that health authorities and jab manufacturers continue to use this deceptive claim, given the torrent of data that shows clear risks to exposure to the C-19 injections. Fortunately, we've got the legal committee at the [World Council for Health](#) looking at how we might challenge this claim in the courts.

3. Covid-19 injections prevent transmission

The entire public buy-in (literally - thank you taxpayers!) to mass vaccination was based on the premise that the jabs would stop transmission of SARS-CoV-2 and allow everyone to return to normal life some time in 2021.

Slowly the world had to be informed this was something of a pipe dream and herd immunity from the jabs, especially after the delta variant became dominant, was 'mythical'.

4. Covid-19 injections prevent hospitalisation

OK, so if the jabs weren't going to stop transmission, we were then told they at least did a great job at reducing hospitalisations.

Our American friends got the same spin from the CDC. Umm, that sounds like we needed to flatten the curve again, which seems a bit odd because hospitals weren't even being overrun. Never mind, those in charge of the pandemic response must know what they're doing!

5. The covid-19 injections prevent death

It wasn't long before it became very obvious, despite Biden's mass media-friendly claims that this was a 'pandemic of the unvaccinated' that there were a lot more jabbed than unjabbed people in hospitals. Those defending the logic of mass, indiscriminate jabbing would say they'd caught 'it' from the unjabbed, when evidence pointed to the infected and jabbed being massive sources of infection.

With the increasingly familiar tendency for health authorities to keep moving the goalposts, the next promise made was that the jabs would prevent death. For many this was confusing, as they were also hearing from some sources (e.g. here and here) that many of the double jabbed were dying from covid.

6. The covid-19 injections are only for the elderly and vulnerable

For a disease that is so highly stratified in its impact, affecting much more seriously, for example, those who are older, those with weaker immune systems, those who are vitamin D-deficient, those, with underlying metabolic diseases, and men more than women, it was good to know the vulnerable would be prioritised.

For many, it implied that it might be voluntary for the healthy or the young, or at least there'd be no coercion or mandates. So it went, early on in the jab roll-out.

7. The covid-19 injections are only for those over 40

Surely the people with healthy immune systems who'd had over a year to show how well they were able to combat infection with zero or minimal risk of hospitalisation or death, would be out of the picture for jabs unless they chose otherwise? When the BBC told us everyone over 40 in England would get offered the jab, many inferred there'd be no coercion or mandates for anyone healthy and under 40. How wrong were they.

8. The covid-19 injections are not for teens

With evidence of only a handful of deaths among children from covid-19, all with underlying conditions, healthy teens would surely have to be exempted from the jab - especially given there was no medical need so jabbing would present only risk and no benefit? Even the UK's Joint Committee on Vaccination and Immunisation (JCVI) advised against jabs for 12 to 15-year-olds in early September.

In the new world of politicised science, the UK Government didn't take long to decide to ignore this advice from its own experts.

9. The covid-19 injections are not for the under-12s

Come on. You're not seriously going to jab our really young ones? Surely there can't be enough data to know what the long term effects might be on their heart function or fertility, to name just two concerns? Many parents in the UK breathed a sigh of relief when they heard this from none other than Dr Chris Whitty, England's chief medical officer. It was looking like a dead cert when we heard the same from the World Health Organization, the people supposed to be running the show.

Dr Fauci, it seems had other ideas. As did Bourla, head of Pfizer, who was already planning to make a covid jab for the under 5s.

From what we know so far, jabbing healthy children could be described as child sacrifice. Emotive perhaps, but also likely a crime against humanity that needs to be remedied urgently.

10. There will be no 'vaccine passports'

Well - that's a fine one when looked at retroactively! Vaccine passports would create a two tier society - that's one reason why the White House rejected them in April and former UK vaccines minister Zadhim Zahawi said there were no plans to introduce them.

Sadly, rolling out the NHS Covid Pass to those as young as 12 is now a major responsibility for Maggie Throup, Zahawi's replacement. That's an insidious way of coercing youngsters who surely won't have been able to exercise their right to informed consent.

Regularly jabbed travellers, worry no more: CommonPass is on the way. You might feel it's more convenient to have yours as a microchip (until recently considered a conspiracy theory)?

11. There will be no mandating of covid-19 injections

Before Biden took office, he made it clear there'd be no jab mandates in the USA. Five months later, he'd imposed mandates on two-thirds of the US workforce.

Dominic Raab, deputy PM in the UK, initially made similar noises to Biden. Then the worm turned, and UK frontline health and social care workers found themselves in Raab and Johnson's jab-hungry cross-hairs.

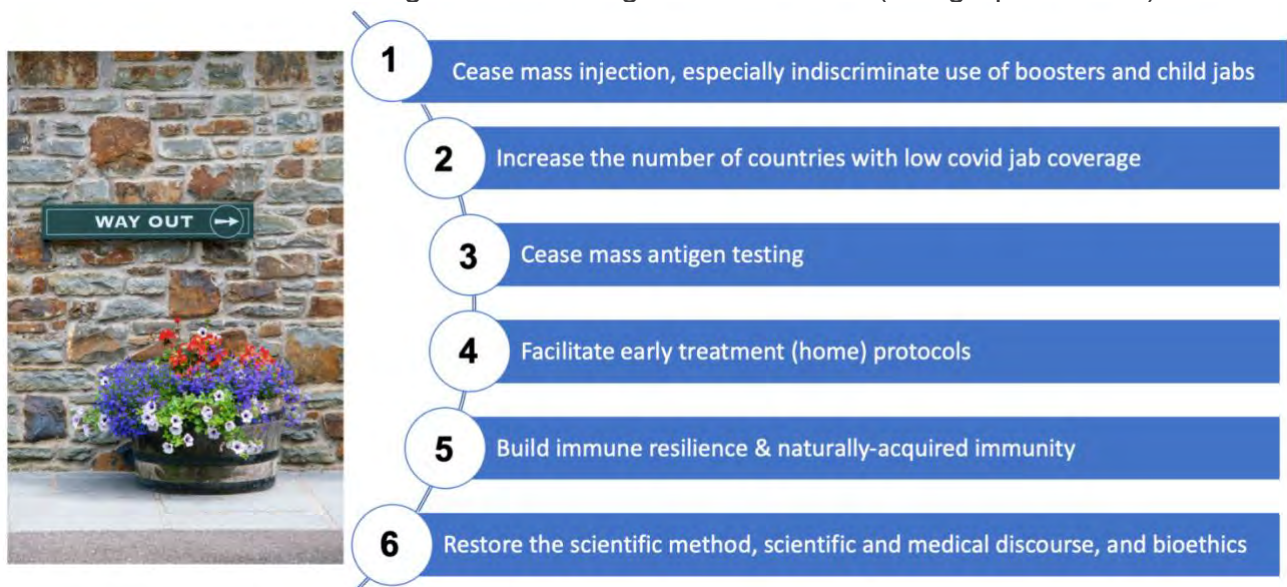
12. There will be no discrimination against those who decline covid injections

There's a ton of human rights law, treaties and conventions that means no government should be allowed to discriminate against someone on the basis of their medical choices. Especially if they happened to not consent to have an experimental shot, one that carries definite risks and may not provide benefit - right? These rights protect our inalienable right to bodily integrity, right? Choice is a principle of civilised democracies, right?

When authoritarianism and centralisation become part of the plan - globally - forget any of these human rights even exist. Apparently there are two wars ongoing at present, one on the virus, another on the job-free. There is clear evidence rights and privileges for the job-free are being removed in some countries, such as Germany.

2022 action plan

Earlier today, I gave a presentation on omicron, jobs and natural immunity at the World Council for Health's Round Table. In it, I summarised what I feel is our way out of this madness and it involves doing at least 6 things to turn the tide (see graphic below):



My message for the end of year is a simple one that we need to keep reminding ourselves about: we must not capitulate to the in-group agenda. Regardless of being characterised as 'hardcore refuseniks' or anti-vaxxers.

As one of the world's most informed authorities on the roots of evil and genocide, Dr Ervin Staub, has long argued, the out-group will always include scapegoats. We know who we are.

One more thing: don't trust anything a politician tells you.

We've got a lot to do in 2022, let's hit it hard! We are truly grateful for the support and shares you've given us this year. Next year, in solidarity with the rapidly growing 'movement of movements', let's set ourselves well on course in 2022 to get the job done!

2021: reflecting on a viral year

Date: 22 December 2021

The story continues as we look back at a turbulent, challenging and ever changing year that has inspired solidarity and a movement of change in which we are centrally involved

The video below isn't a trailer. It just looks like one. It is a 6-minute summary of our year at ANH. We've broken it down into 6 themes. And we hope it gives you a flavour of what we've been through and what we've achieved this year.

It's a year in which natural health has more than paralleled the billions that have been thrown at experimental, synthetic, gene therapy products foisted on a global population. It's a year in which human rights - in particular the right to bodily autonomy - have been disbanded by the ruling elite. It's a year in which corruption of science, and of democracy, have risen to dizzying heights.

We know that equilibrium will be restored. And that we - you and us - are part of that process. Thank you for every part of your contribution this year.

Check out what we did - together:

<https://www.brighteon.com/ff1497cc-84a8-4207-b438-86bc238612ae>