

National Tour 2024



Rediscovering Medicine Uncensored



AMPS



**Australian Medical
Professionals' Society**



National Tour
2024

Welcome Kara Thomas

AMPS Secretary

BNurs GCertNurs MIntl&ComnDev





National Tour
2024

Senator Gerard Rennick



National Tour
2024



Professor Angus Dalglish



Rediscovering Medicine Uncensored The Australian Tour



**Professor
Angus Dalgleish**

Brisbane - 30th September
Sunshine Coast - 2nd October
Sydney - 4th October
Adelaide - 9th October
Melbourne - 11th October
- 12th October
Perth - Video - 17th October



Dr Paul Marik

COVID and the lies they told you, especially about the vaccines

Angus Dalgleish

MD FRCP FRACP FRCPATH FMedSci

Principal of the Institute of Cancer Vaccines and Immunotherapy

Emeritus Prof of Oncology, University of London.

Relevant CV

- I qualified from UCH in 1974 with a BSc in Anatomy and MB BS.
- I was a flying doctor in Mt Isa, Queensland, Australia 1976
- I trained in General Medicine at the PAH and QRI Brisbane.
- I have published extensive research into viruses and how they cause cancer and have made many firsts in HIV research including discovering the CD4 as receptor, the links to SLIM disease and why all the HIV vaccine projects have failed and how to succeed.
- This back-ground gave me immediate insight into how to analyse COVID.

Relevant CV continued

- I have been an honorary consultant in the NHS as a General Physician, Virologist, Immunologist and Medical Oncologist.
- I was the first to use High Dose IL-2 for Melanoma in the UK and realise it was not practical but worked at low doses as well. As well as the first to use cancer vaccines for melanoma in the UK.
- Discovered the potential of Thalidomide to treat autoimmune disease and cancer leading to the development of Lenalidomide with Celgene , now the standard treatment for Myeloma and Lymphoma. (Received the Joshua Lederberg prize from Celgene for this in 2011)
- I have been on many SABs for big and small Pharma including Curevac – The mRNA vaccine company for 5 years.

Cancer vaccines and lessons learned

- Progenics- ganglioside based melanoma vaccines.
- Cancervax. Allogeneic cell based with BCG for melanoma.
- Onyvax. Same approach for prostate cancer.
- MAGE, MART and NY-ESO trials for melanoma.
- Dendritic cell vaccines. Dendreon.
- HSV based ones, Amgen.(Imlygic)
- Mycobacterium vaccae and Obuense.(IMM-101)

Lessons

- All of the antigen specific vaccines have failed
- Dendreon's DC prostate vaccine was not practical
Amgen's HSV approach needs intra-tumoral injection

The only positive signals come from the BCG arm of Cancervax and the heat killed M.vaccae and M.Obuense, now known as IMM-101.

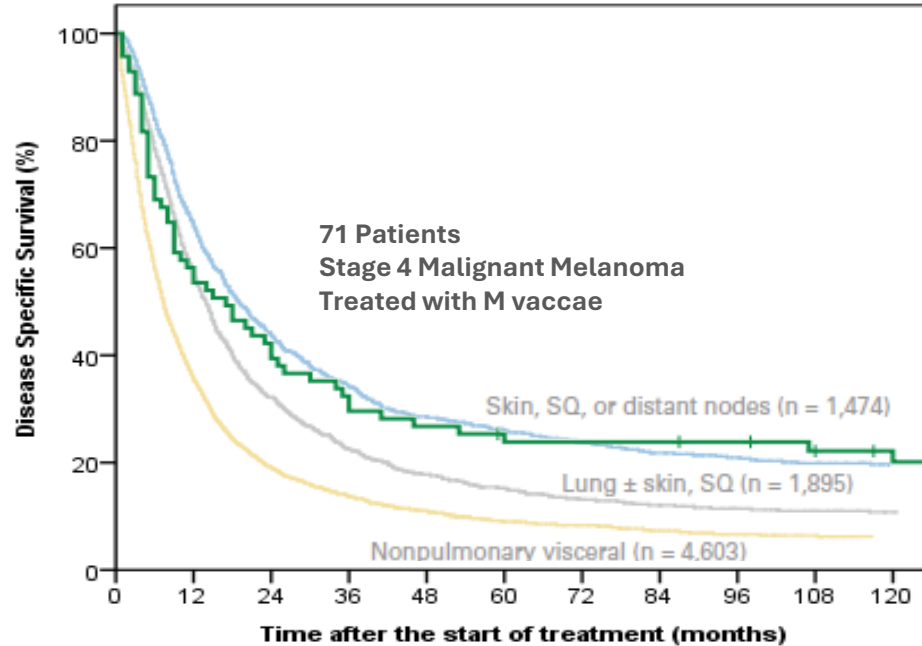
Myco.vaccae and Myco. Obuense

Virtually identical

Obuense much easier to manage re GMP, Vaccae established in
AERAS (TB)and HIV studies.

Selected by John Grange for Immodulon, after SR Pharma abandoned M.vaccae.

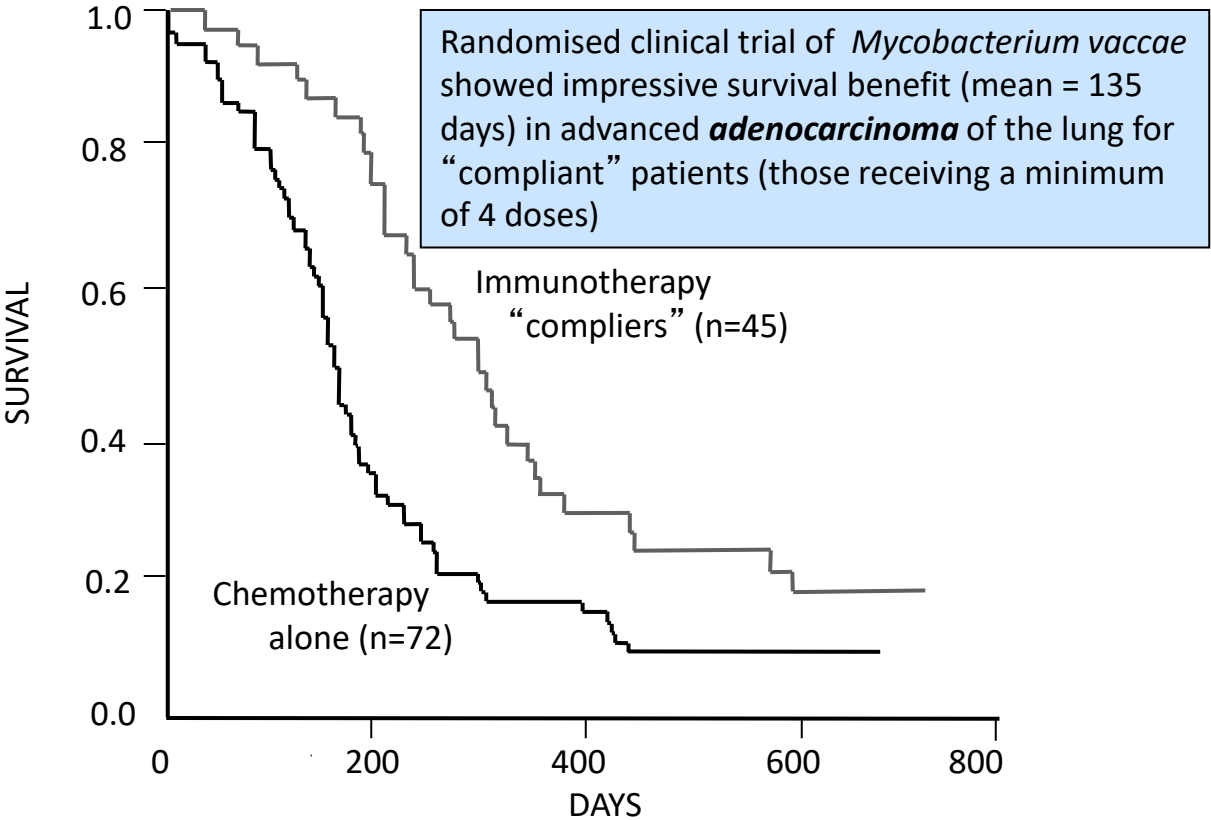
Disease Specific Survival



Long term survival and outcome of patients originally given *Mycobacterium vaccae* for metastatic malignant melanoma - Mudan, Dalgleish et al – submitted for publication.

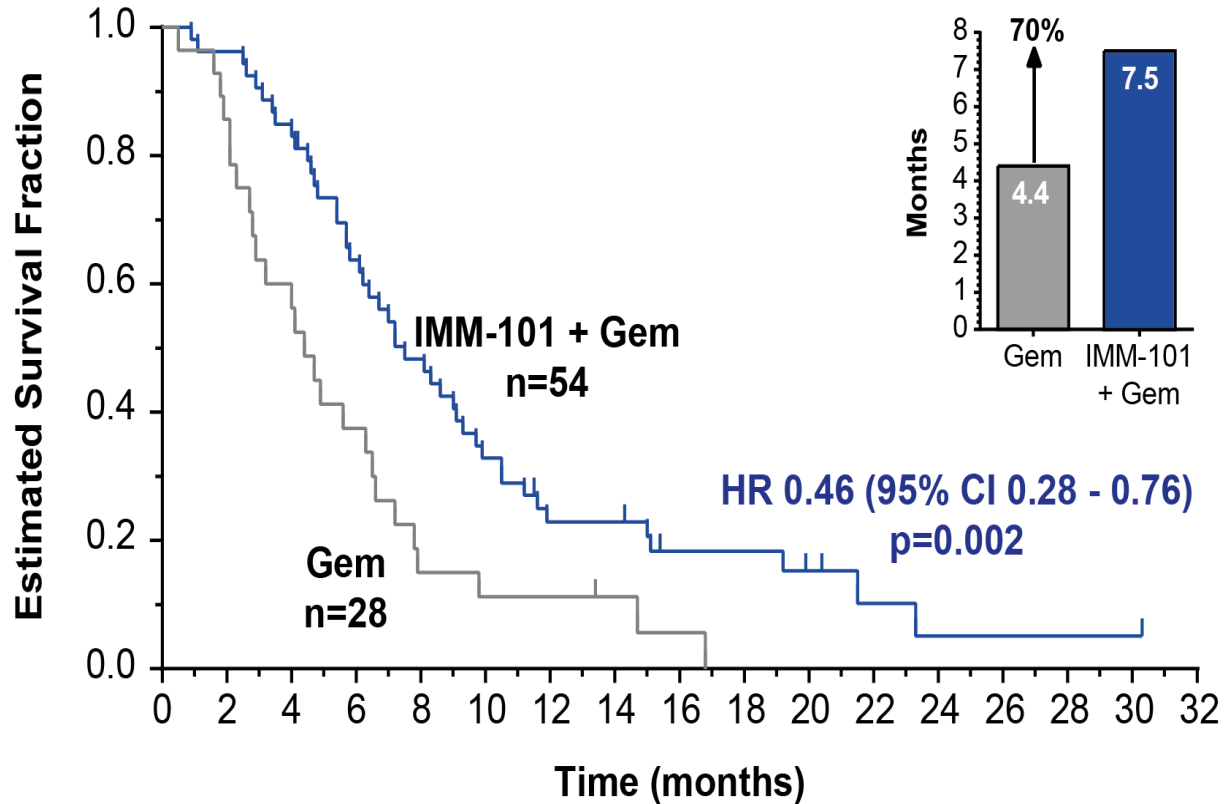
Final version of 2009 AJCC Melanoma Staging and Classification, Bach et al, J ClinOnc 27: 6199-6206, 2009

Survival Benefit in *Mycobacterium vaccae*-treated Patients with Adenocarcinoma of the Lung



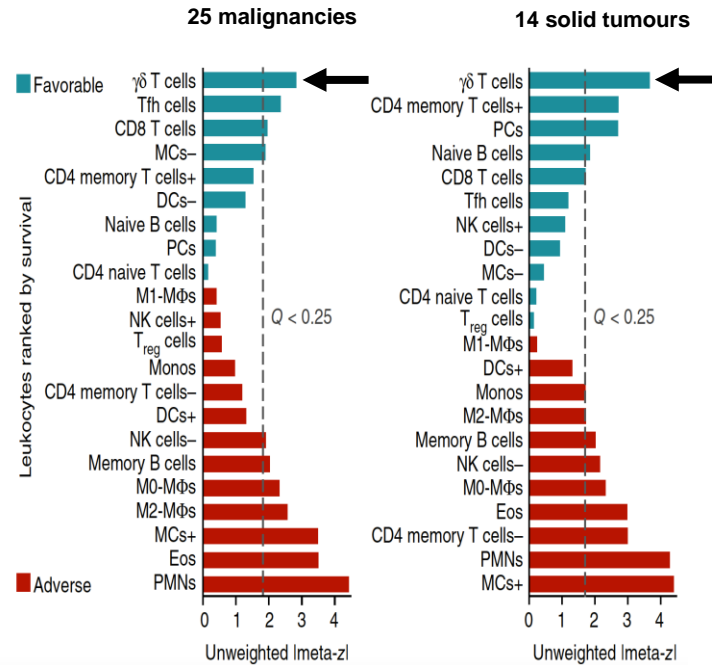
Source: Stanford J et al. (2008) Eur J Cancer 44:224

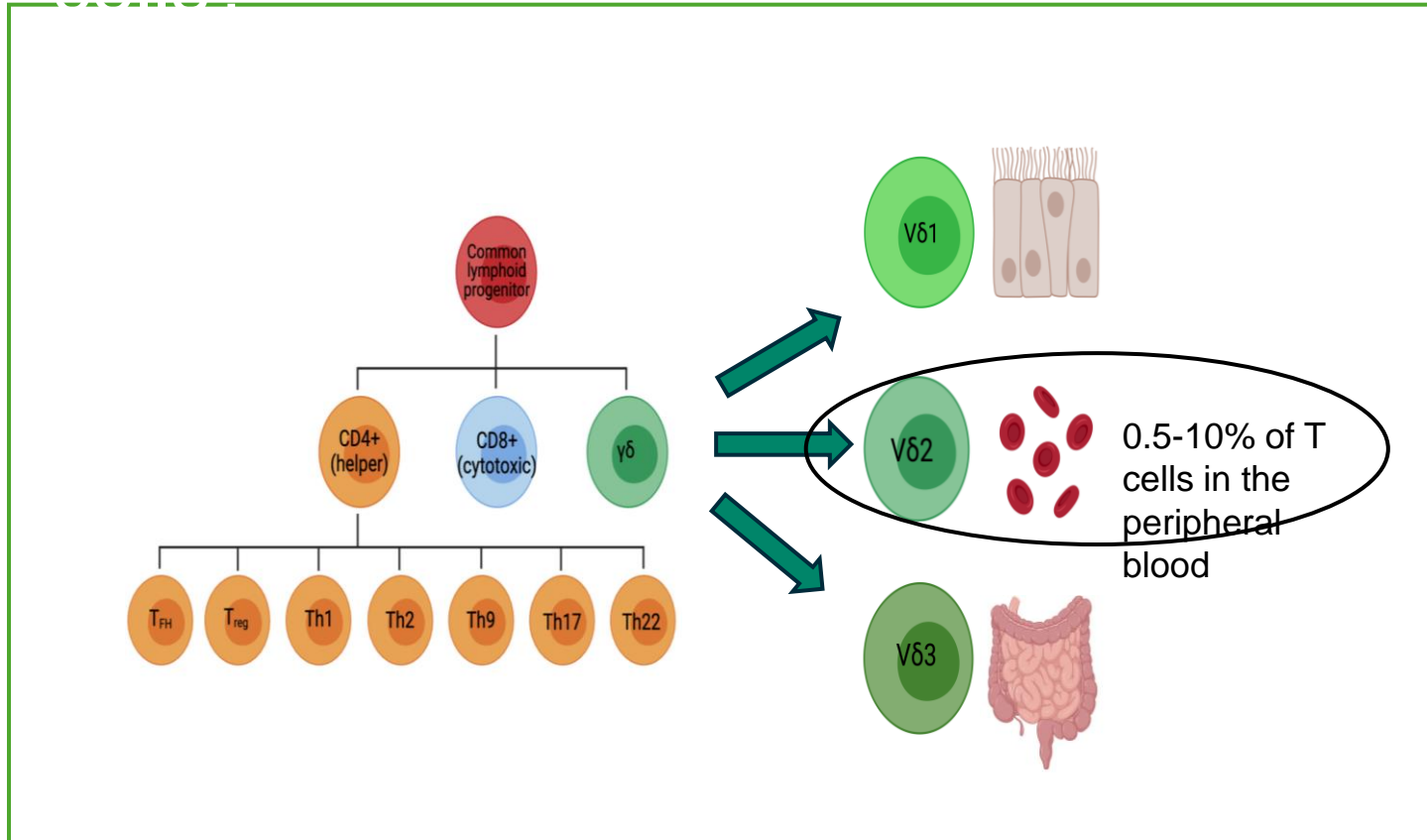
Overall Survival Kaplan–Meier Curves and % increase (inset) for PP population, Metastatic Sub-group



Why did this give a positive result

- Only trial to require vitD3 levels measured and supplemented if low. The majority were very low.
- Now standard in all our clinical trials
- IMM-101 enhances mDC presentation, NK and gamma delta T cell activity with delayed CD8 activity.
- Boosted the innate immune response





IMM-101 patients

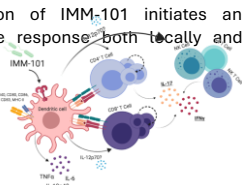
- I have previously reported 4 patients (MM stage 4) on IMM-101 for a minimum period of 6 months who then progressed clinically all showed CRs after adding Pembro.
- I patient with large subcutaneous skin and Lymph Node masses noted that the response started in 4 days post Pembro.
- CT confirmed visceral mets. including adrenal also responded.

Abstract #9554: A phase II study to evaluate the safety and efficacy of IMM-101 in combination with checkpoint inhibitors in patients with advanced melanoma: Final results of the IMM-101-015 trial

Alberto Fusi, Avinash Gupta, Paul Langan, Peter L Smith, Mike Bowles

Background:

- IMM-101 is a multimodal immunomodulator containing heat-killed, whole cell *Mycobacterium obuense* (NCTC13365)
- It has shown to induce a protective CD8⁺ response in clinically relevant models of pancreatic cancer (1) and to activate DCs in a dose-dependent manner, enabling these DCs to induce IFN γ (2)
- Direct Intradermal injection of IMM-101 initiates an adaptive Th1/T_H17 response both locally and systemically (2)
- Preclinical trials have shown improved activity of IMM-101 in combination with checkpoint blockades compared to the activity of either single agent (3)



Methods:

- Open-label Phase 2a study of the combination of IMM-101 with nivolumab in patients (pts) with advanced melanoma who were either treatment-naïve (cohort A) or who had progressed during PD-1 blockade (cohort B)
- Patients in cohort B had the option to change to ipilimumab and IMM-101 if their disease continued to progress
- Primary Endpoints: Overall Response Rate (ORR) after a maximum of 18 months of treatment by RECIST 1.1 and safety/tolerability of the combination nivolumab + IMM-101

Patients:

Sixteen pts (11 Cohort A and 5 Cohort B) were treated between October 2018 and May 2021 at two UK centres

Main Takeaway

IMM-101 in combination with nivolumab is well tolerated and shows encouraging antitumor activity based on actual ORR in treatment-naïve patients with advanced melanoma. Data to be confirmed in larger studies

Contact information

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afusi@sgul.ac.uk)

Acknowledgments

The study (NCT03711188) was sponsored by Immodulon Therapeutics Ltd.
The study was conducted at The Christie Hospital NHS Foundation Trust and at St. George's University

Patients characteristics		Cohort A (N=11)	Cohort B (N=5)	Overall (N=16)			
Age	Median (range)	72.0 (36 – 92)	68.0 (61 – 74)				
ORR in Cohort A (N=11)	PD-L1 Status	M Disease Staging		BRAF Status			
	Positive	M0	M1a/M1b	M1c			
	Negative/indeterminate	WT	Mutant	LDH at Baseline			
		≤ UNL	> UNL				
Best objective response n (%)							
CR	2 (18)	0	0	2 (18)	0	1 (9)	1 (9)
PR	3 (27)	3 (27)	2 (18)	2 (18)	6 (55)	0	5 (46)
SD	0	0	0	0	0	1 (9)	1 (9)
PD	1 (9)	1 (9)	1 (9)	1 (9)	0	2 (18)	1 (9)
Objective response rate							
n (%)	5 (45)	3 (27)	2 (18)	4 (36)	2 (18)	8 (73)	0
Safety							
Most common drug related Treatment Emergent Adverse Events (>10% of patients)		Patients, N (%) (N=16)					
		All grades		Grade 3 and 4			
Total patients with drug related TEAEs		14 (88%)		4 (25%)			
Skin rash		7 (44%)		0			
Injection site reaction		6 (38%)		2 (13%)			
Pruritus		5 (31%)		0			
Fatigue		4 (25%)		0			
Hypothyroidism		4 (25%)		0			
Diarrhoea		3 (19%)		1 (6%)			
Transaminitis		2 (13%)		1 (6%)			

The ORR was 73% (95% CI 39, 93) in cohort A whereas all pts in cohort B reported progressive disease

1. Reference of IMM-101 in combination with nivolumab in patients with advanced melanoma: Abstract 9554 presented at the Society for Immunology Congress, Liverpool (UK), 2019; 3. Crooks J et al. SITC Annual Meeting, National Harbour (USA), 2016

IMM-101 plus CPIs, Pembro(Keytruda) Nivolumumab (Optiva)

- Clear synergy
- ? NK and mDCs activation
- Unique activation of Gamma Delta T cells

- Do NOT FORGET VIT D3!!

HIV vaccine current status (2023)

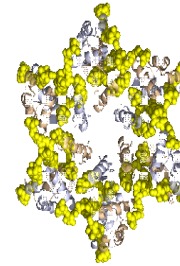
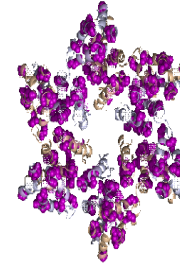
- Tony Fauci (head of the NIAID) promised an HIV vaccine within 18 months in 1984.
- After 3 major world-wide trials none has been effective, in fact all studies stopped due to early futility. (i.e. Placebo arm doing better)
- All vaccines were based on the HIV gp120/160 envelope protein with different vectors.

The HIV envelope has 3000 epitopes

- Therefore too many for the immune system to process
- Optimal is to boost innate immune response and select 4-5 core epitopes
- Worked with Birger Sorensen to optimise this approach
- Vacc-4x showed maintained viral load reduction in HIV positive patients even those with very low CD4 levels

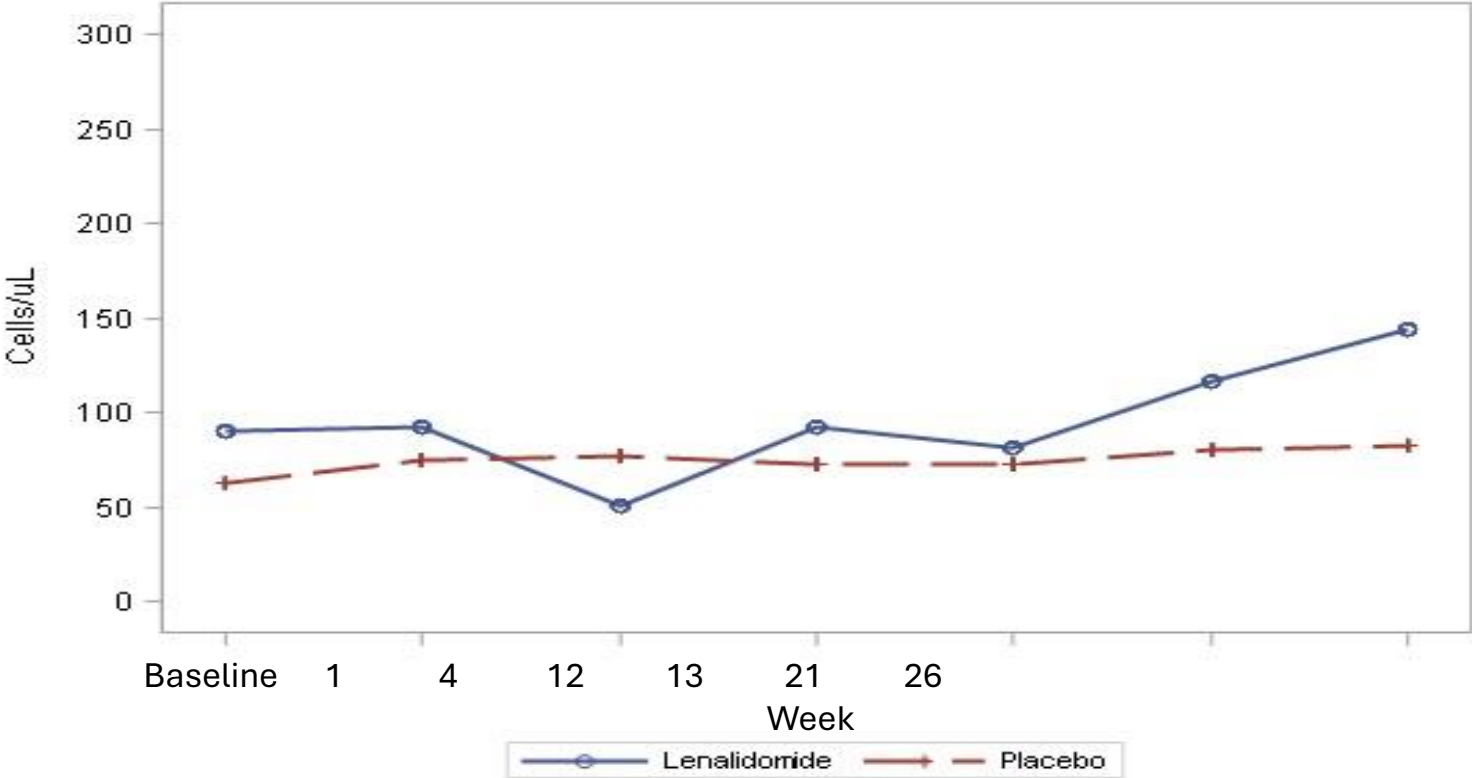
Vacc4x

- Vaccine comprised of 4 peptides derived from conserved regions of HIV p24.
- Modified to enhance stability, uptake, solubility and/or antigenicity
- Activate CD4+ and CD8+ T-cell responses



Corresponding peptide pair	Peptide	Peptide Sequence (location in p24 ^a native peptide)	No. amino acids	No. CD8 epitopes
1	Native - Nat10	PEVIPMFSALSEGATPQDLNTMLN (34-57)	24	25
	Vacc4x - Vacc10	RFIIPXFTALSGRRALLYGATPYAIG [X=Nle]	27	32
2	Native - Nat11	NNPIPVGEIYKRWILG (120-137)	18	24
	Vacc4x - Vacc11	RAIPIAGTLLSGGGRAIYKRWAILG	26	39
3	Native - Nat12	RWILGLNKIVRMYSPSILD (132-152)	21	21
	Vacc4x - Vacc12	RWLLGLNPLVGGGRLYSPSILG	24	26
4	Native - Nat13	KALGPGATLEEMMTACQGVG (203-222)	20	21
	Vacc4x - Vacc13	RALGPAATLQTPWTASLGVG	20	16

Naive CD4 counts increase in the vacc-4x/L group



Early 2020

- Clear evidence of spread in January
- Virus sequenced
- Assumed similar to SARS
- Lockdown introduced on March 23rd 2020 just as the first wave was rapidly receding (to protect the NHS!)
- Nearly every major decision was wrong, especially ventilation strategy
- Also, prevention of logical treatment was actively prevented.

Errors

- Not to realise that this was a respiratory illness and would not respond to lockdown, especially as no quarantine had been used!
- That Respiratory viruses need vitD3, aspirin, mouth washes, anti-inflammatories, intra nasal interferons or acid lipids (First defense)
- Early chest involvement needed Becotide and Steroids,
- Antibiotics such as Doxycycline, Azithromycin etc
- Dexamethasone, standard for respiratory involvement
- Preventing this with the Recovery trial may have led to 4,500 deaths due to omitting steroids, the only positive arm.

Project fear

- No need for lockdown
- No need for social distancing
- No need for masks
- Looking back it does look like everything was being set up for a pre planned vaccine program as outlined by the Manhattan pandemic project and Bill Gates book published in 2015!!
- Emergency licensing could only be obtained if no other treatments were effective, and the disease was lethal.

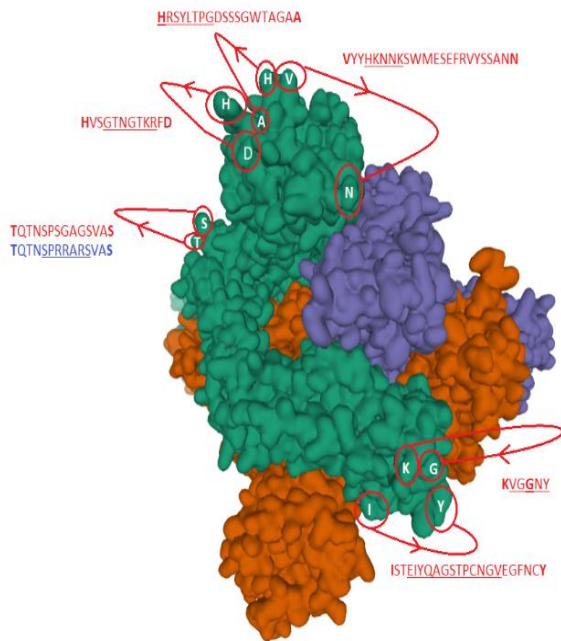
COVID : The disease

- Mainly old and infirm
- Major co-morbidities such as Obesity, DM, HT, Cardiac and Respiratory conditions.
- Major link with race exploited.
- Vit D3 advice ignored by Whitty, SAGE and SACN,
- 4 major papers support that vitD3 normalization could be as good, if not better than vaccines.
- Spanish study of COVID hospital admissions showed D3 level above 75nM/L = 2% died. Below 30 =77% died. BAME patients have levels below 30!

The virus

- Sequence in Early 2020
- Published in Nature (by force, see the book Viral!)
- Similar to SARS, hence assumed to be a zoonosis
- Failed to note changes that were a smoking gun such as a Furin Cleavage site (FCS)
- Which had been inserted by the same team in earlier studies!!
- Search for origins focus on Wet meat markets near by in Wuhan.
- Major coronavirus laboratories(!) in Wuhan working on GOF dismissed as a co-incidence.

2019-nCov/SARS-CoV-2 - Initial findings



Coronavirus Spike
Glycoprotein,

Ref.: Sørensen B et.al. QRB
Discovery. 2020

❑ Inserts

- 6 new – all surface exposed and charged/polar

❑ Highly significant increase of isoelectric point (pI) for S1¹

- SARS-CoV (2003) S1*: pI= 5.67
- SARS-CoV-2 (2019): S1*: pI= 8.24

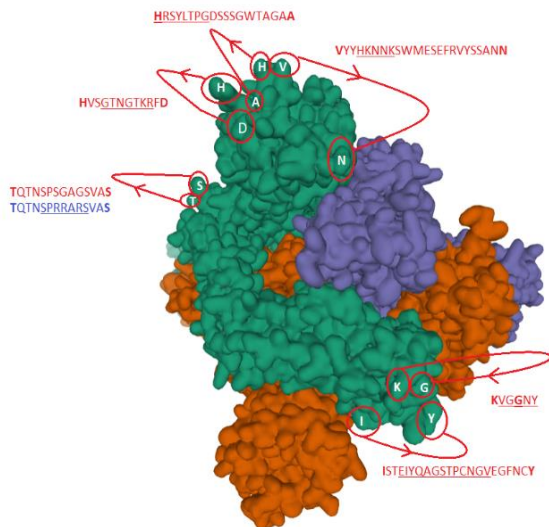
1) Sørensen, B., Susrud, A., & Dalgleish, A. (June 2nd 2020). Biovacc-19: A Candidate Vaccine for Covid-19 (SARS-CoV-2) Developed from Analysis of its General Method of Action for Infectivity. *QRB Discovery*, 1-17.
DOI:<https://doi.org/10.1017/qrd.2020.8>

*) S1 is the n-terminal part of the Spike protein up to the Furin cleavage site.

2019-nCov/SARS-CoV-2 - Initial findings

□ Inserts

- 6 new – all surface exposed and



YP 009724390.1 Covid-19	72	↓ ↓	HKNNK	↓ ↓	150	↓ ↓	250	445
AHX37558.1 Bat SL-CoV - LYRa11	.....		HRSYLTPG	↓ ↓	VGGNY			
AVP78031.1 BAT SL-CoV - ZC45	.....		P...		FIPNIGT	.....	SSGNY	
ANA96090.1 Bat coronavirus - MLHJC35	.....		.NAATKR		H	.....	HRGDPMP.	.....
ARI44809.1 Bat coronavirus - Jiyuan-84	.....		SDRQVY.		.....	.....	YSQTTSN.	.....
AID16716.1 Bat SARS-like - Longquan-140	.....		SDKIVY.		.....	.....	FSKTTSN.	.....
ARI44799.1 Bat coronavirus - Anlong-103	.....		SDRYTY.		.....	.....	FSQFTSN.	.....
ARI44804.1 Bat coronavirus - Anlong-112	.....		.....		.....	.....	YRVAAGS.	.....
AVP78042.1 bat-SL-CoVZXC21	.....		.NAATKR		H	.....	HRGDPMS.	.....
AGC74176.1 Bat coronavirus Cp/Yunnan2011	.....		SDRQVY.		.....	.....	YSQTTSN.	.....
YP 009724390.1 Covid-19	471		EIQAGSTPCNGV	680	↓ ↓ ↓	SPRRARS		
AHX37558.1 Bat SL-CoV - LYRa11	.....		VPFSPDGKPCPT.	.....	↓	LRN		
AVP78031.1 BAT SL-CoV - ZC45	.....		.....	.....	↓	LRS		
ANA96090.1 Bat coronavirus - MLHJC35	.....		.....	.....	↓	LRN		
ARI44809.1 Bat coronavirus - Jiyuan-84	.....		.....	.....	↓	LRS		
AID16716.1 Bat SARS-like - Longquan-140	.....		.....	.....	↓	LRS		
ARI44799.1 Bat coronavirus - Anlong-103	.....		.....	.....	↓	LRS		
ARI44804.1 Bat coronavirus - Anlong-112	.....		.....	.....	↓	LRS		
AVP78042.1 bat-SL-CoVZXC21	.....		.....	.....	↓	LRS		
AGC74176.1 Bat coronavirus Cp/Yunnan2011	.....		.....	.....	↓	LRN		

Figure 1. Alignments of Corona virus Spike protein inserts .

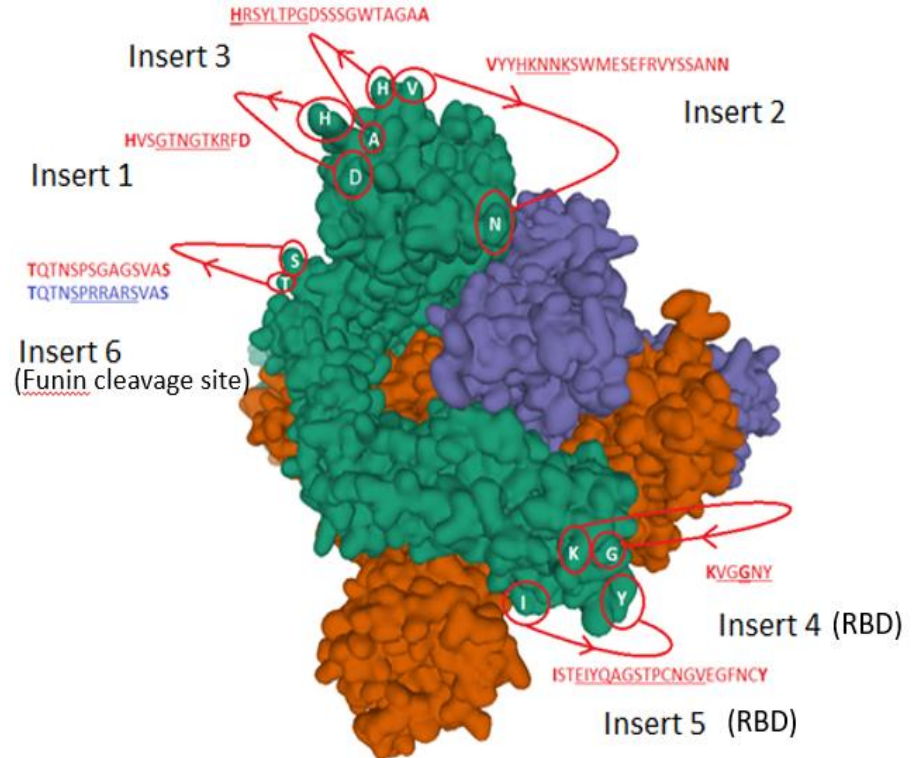
Figure 1 shows 6 alignments with inserts. The first 5 inserts are pointed out by (Zhou *et al.*, 2020) and located near/around position 72, 150, 250, 445, 471 while the insert around 680 is pointed out by (Coutard *et al.*, 2020) as a furin-like cleavage site with cleavage between R and S. Apart from insert 4 and 5, these inserts are all basic inserts. The red arrows point out the basic amino acids. The green arrow and line point out the furin-like cleavage site.

Coronavirus Spike
Glycoprotein,

1) Ref.: Sørensen B *et al.* QRB
Discovery. 2020

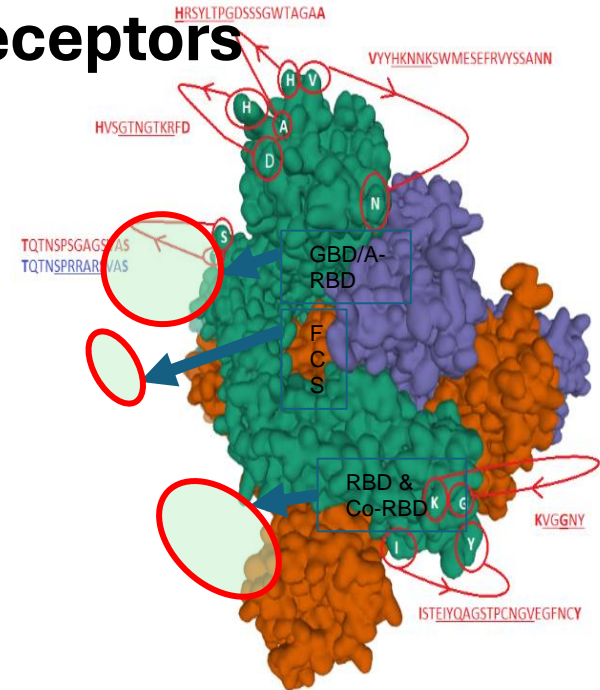
Charged Inserts on the Spike

- ❑ Spike insert locations and charge
 - All six inserts were charged and the four (1,2,3 & 6) located outside the RBD carried positive charge, $pI= 11.00, 10.00, 8.76$ and 12.06 respectively.
 - The RBD itself had also been given an additional positive charge $pI=10.03$ by the Cys-bridge (Cys391-Cys525) right next to the RBM
- ❑ Spike with improved binding properties
 - The additional surface exposed positive charge would support binding to human upper airway epithelium via
 - **attachment**-receptors
 - **co**-receptors and
 - **main** receptor (ACE2)



Adapted to use of different receptors

- ❑ Receptor Binding Domain (RBD) used by
 - ACE2 ¹
- ❑ Co-Receptor Binding Domain (Co-RBD) used by
 - CD209(L)/L-SIGN and CD209/DC-SIGN ² (as predicted in ⁴)
- ❑ Ganglioside Binding Domain (GBD) / Attachment Receptor Binding Domain (A-RBD) used by
 - Glycoproteins and Gangliosides containing sialic acids ³



SARS-CoV-2 Spike: Identified Binding Domains

1. Sungnak W. *et al.* 2020. SARS-CoV-2 Entry Factors are Highly Expressed in Nasal Epithelial Cells Together with Innate Immune Genes
2. Amrei R. *et al.* ACS Central Science 2021 7 (7), 1156-1165. CD209L/L-SIGN and CD209/DC-SIGN Act as Receptors for SARS-CoV-2
3. Pirone L. *et al.* Front Mol Biosci. 2020. Quote: “Attachment is also dependent on glycoproteins and gangliosides containing sialic-acids which act as main attack sites along the respiratory tract (Matrosovich *et al.*, 2015).”
4. Sørensen B. *et al.* 2020. Biovacc-19: A Candidate Vaccine for Covid-19 (SARS-CoV-2) Developed from Analysis of its General Method of Action for Infectivity. *QRB Discovery*, 1-17. DOI: <https://doi.org/10.1017/qrd.2020.2>

Insert 6 – The Furin cleavage site

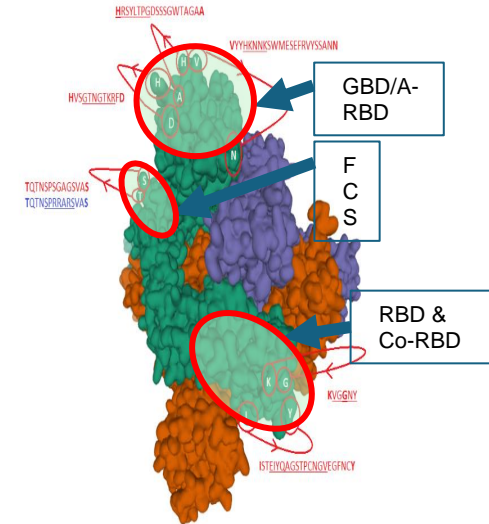
- ❑ Furin cleavage site (FCS) – cleaved by:
 - Transmembrane protease, serine 2 (TMPRSS2) ¹
Found both in nasal and bronchial epithelium as well as respiratory, corneal, and intestinal epithelial cells
 - The binding affinity of the S protein is a major determinant of SARS-CoV infectivity and replication. Viral entry also depends on TMPRSS2 protease activity, and/or cathepsin B/L activity

- ❑ Unique Furin cleavage site ¹

- SARS-CoV (2003) S1/2:
TVSLLR↓STGQ
- SARS-CoV-2 (2019): S1/2:
SPRRAR↓SVAS

1. Sungnak W. *et al.* 2020. [SARS-CoV-2 entry factors are highly expressed in nasal epithelial cells together with innate immune genes - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/32465461/)
2. Coutard B. *et al.* 2020. The spike glycoprotein of the new coronavirus 2019-nCoV contains a furin-like cleavage site absent in CoV of the same clade.

<https://www.sciencedirect.com/science/article/pii/S0166354220300528>



SARS-CoV-2 Spike: Identified Binding Domains

Later developments - Omicron

- Omicron spike has undergone extensive mutations in RBD, allowing the omicron variant to escape immune surveillance
- Open conformation of the omicron spike is stabilized by enhanced inter-domain and inter-subunit packing
- The stable open conformation of the omicron spike sheds light on the cell entry and immune evasion mechanisms



Omicron compared to earlier SARS-CoV-2 variants, manifests several unique clinical features such as;

milder symptoms, shorter incubation time and shorter recovery time, [Cryo-EM structure of a SARS-CoV-2 omicron spike protein ectodomain](#) | Nature Communications

March 2022

Omicron

First reported as a new outbreak in South Africa.

Dec 2021.

SA Medical Association reported that it was more infectious but less deadly.

No difference between vaccinated (25%) and unvaccinated (75%) with regards hospitalisations and death.

Advice ignored by UK who continued Lockdown and doom mongering.

My take, gross insolence by pretending the SA doctors were stupid and did not know what they were talking about.

SARS-2 Spike protein

BLAST ANALYSIS OF THE SPIKE PROTEIN GIVES A 79%
HOMOLOGY WITH HUMAN EPITOPES.

ESPECIALLY PF4 AND MYELIN

PREDICTED CLOTTING AND PLATLET DYSFUNCTION FROM THIS

ALSO MYELIN HOMOLOGIES ARE ASSOCIATED WITH TRANSVERSE MYELITIS AND GULLIAM-BARRE SYNDROME

BOTH THESE ARE ON THE MHRA WEBSITE AS SIDE EFFECTS!!!

REQUEST TO EXCLUDE THESE REGIONS OVERULED BY SAGE CMO CSO ETC.

Biovacc-19: A Candidate Vaccine for Covid-19 (SARS-CoV-2) Developed from Analysis of its General Method of Action for Infectivity

Birger Sørensen^{1*}, Andres Susrud¹ and Angus George Dalgleish²

¹Immunor AS, Oslo, Norway and ²Department of Oncology, St. George's Institute of Infection and Immunity, University of London, London, United Kingdom

QRB Discov. 2020 Jun 2;1:e6. doi: 10.1017/qrd.2020.8

- Biovacc-19, a candidate vaccine for Covid-19
- MOA is upon nonhuman-like epitopes in 21.6% of the composition of the spike protein
- MOA is specifically related to cumulative charge from insertions placed on the SARS-CoV-2 spike surface in positions to bind efficiently by salt bridge formations

Mitigating Coronavirus Induced Dysfunctional Immunity for At-Risk Populations in COVID-19: Trained Immunity, BCG and “New Old Friends”

Thomas-Oliver Kleen^{1*}, Alicia A. Galdon², Andrew S. MacDonald² and Angus G. Dalgleish^{3*}

¹ Immodulon Therapeutics Limited, Uxbridge, United Kingdom, ² Lydia Becker Institute of Immunology and Inflammation, Manchester Collaborative Centre for Inflammation Research, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom, ³ Institute for Infection and Immunity, St George's, University of London, London, United Kingdom

Front Immunol. 2020 Sep 4;11:2059. doi: 10.3389/fimmu.2020.02059

- All corona virus vaccines to date have failed.
- Antigenic sin or immunological imprinting.
- This means vaccines induce a memory that cannot see variants!
- Antibodies will enhance all other infections (ADE)
- Side effect profile fatal in primates!!

Vaccination and the immune response to SARS-CoV-2

COVID-19 vaccines in use are protective against severe disease with SARS-CoV-2

Efficacies of COVID-19 vaccines based on clinical trial results

Vaccine	Protection against all symptomatic disease after 1st dose (95% CI)*	Protection against all symptomatic disease after 2nd dose (95% CI)*	Protection against severe disease or hospitalization from start of vaccination (95% CI)*	Protection against severe disease or hospitalization from 21 days after 1st dose (95% CI)*
AstraZeneca	73% (56%-83%)**	67% (57% to 74%)**	90% (58%-98%)	100%
Moderna	85% (66%-93%)	95% (90%-97%)	100%	100%
Pfizer-BioNTech	82% (76%-87%)	94% (90%-97%)	89% (12%-99%)	83% (-38% to 98%)
Sinopharm	n/a	78% (65%-86%)	n/a	79% (26%-94%)
Sinovac	n/a	51% (36%-62%)	n/a	100%
Janssen/Johnson & Johnson	66% (55%-75%)***	n/a	77% (55%-89%) after 14 days	85% (54%-97%) after 28 days

*Data shown are on protection against SARS-CoV-2 ancestral strain

**AstraZeneca data shown on symptomatic disease is only for cases at least 14 days after administration of dose

***Single dose vaccine. Refers to protection against symptomatic disease, 28 days after vaccination.

From Exp review of vaccines , RR vs Absolute risk

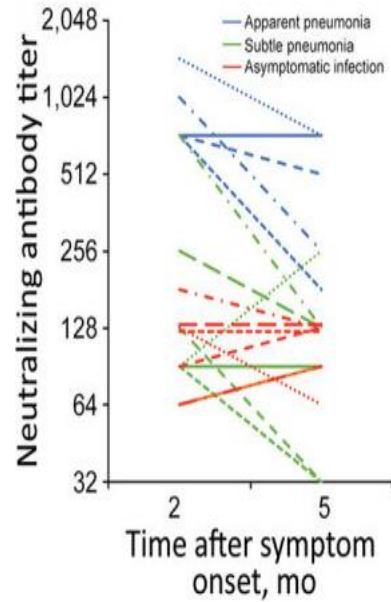
	<i>Reference</i>	<i>ARR (%)</i>	<i>RRR (%)</i>	<i>NNV</i>
BNT162b2 (Pfizer-BioNtech)	[3]	0.84	95.0	119
mRNA1273 (Moderna-NIH)	[4]	1.24	94.1	81
ChAdOx1nCoV19 (Astra Zeneca – Oxford)	[5]	1.11	72.8	90
Ad26CoV2S (Johnson & Johnson)	[6]	1.19	66.9	84
GamCovidVac (Gamaleya)	[7]	0.93	91.0	86
NVX-CoV2373 (Novavax)	[8]	1.23	89.7	82
CORONAVAC (Sinovac)	[9]	0.76	83.5	131
WIBP-CorV (Wuhan – Sinopharm)	[10]	0.54	72.8	185
BBIBP-CorV (Beijing – Sinopharm)	[10]	0.58	78.1	172

Issues with spike-based COVID-19 vaccines:

- Vaccine induced neutralising antibody wanes over time.
- SARS-CoV-2 variants escape neutralising antibody induced by spike based vaccines.
- SARS-like viruses exhibit considerable variation in their spike proteins compared to SARS-CoV-2.
- T-cell responses induced by spike based vaccines are durable but sub optimal.

**Vaccine and infection
induced Antibody
response to SARS-CoV-2**

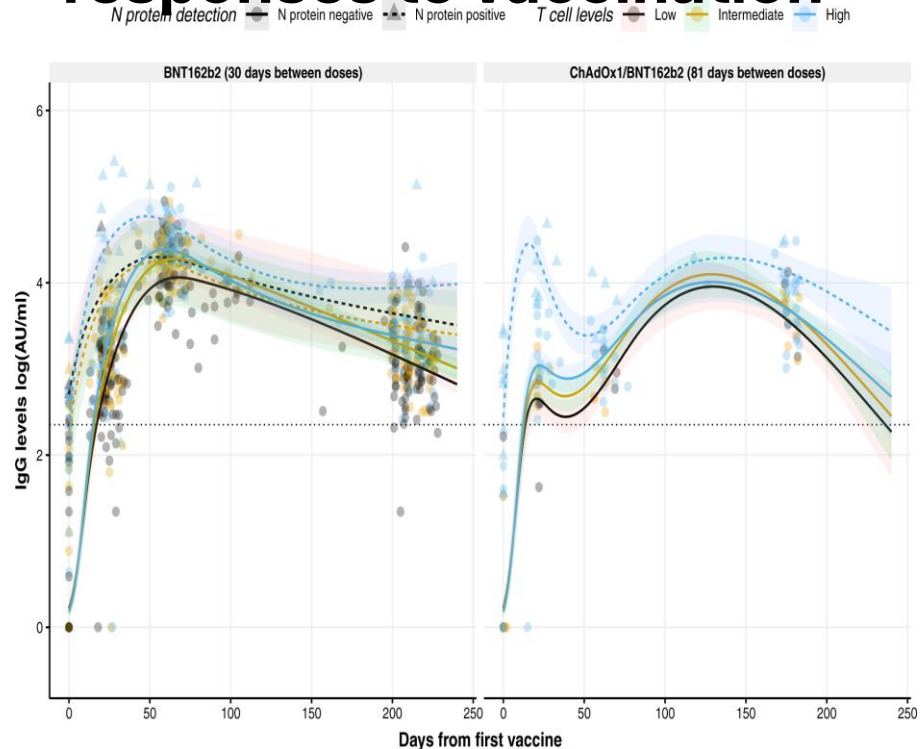
Neutralising antibody titres wane months after infection.



Two months after infection, all patients had neutralizing antibodies. Antibody titers correlated with disease severity. Five months after infection, all patients still had neutralizing antibodies, but the geometric mean titer decreased significantly, particularly in patients with more severe disease symptoms

[Choe PG, Kang CK, Suh HJ, et al. Waning Antibody Responses in Asymptomatic and Symptomatic SARS-CoV-2 Infection. Emerg Infect Dis. 2021 Jan;27\(1\):327-9. doi: 10.3201/eid2701.203515.](#)

Previous infection and T-cell responses are associated with improved antibody responses to vaccination



Distribution of circulating IgG levels over time (days from the first vaccine) in individuals vaccinated with BNT162b2 (left) or with the combination ChAdOx1/BNT162b2 (right). Circles and triangles represent the observed levels of circulating IgG levels for non-previously infected and infected individuals with SARS-CoV-2, respectively. Solid and dashed lines represent the predicted levels of circulating IgG levels for non-previously infected and infected individuals with SARS-CoV-2, respectively. Black, yellow, and blue colours represent low, intermediate, and high levels of IFN- γ released from stimulated T-cells against peptides derived from the S1 subunit of S protein.

T-cell responses to SARS-CoV-2

T-cell responses play a crucial role in the anti-SARS-CoV-2 immune response to infection or vaccination

- T cell memory encompasses broad recognition of viral proteins, estimated at around 30 epitopes within each individual,
- This breadth of recognition can limit the impact of individual viral mutations and is likely to underpin protection against severe disease from viral variants, including Omicron.
- [Moss, P. The T cell immune response against SARS-CoV-2. *Nat Immunol* **23**, 186–193 \(2022\).
<https://doi.org/10.1038/s41590-021-01122-w>](https://doi.org/10.1038/s41590-021-01122-w)
- CD8⁺ T cell response contributes to protection in the setting of low or waning antibody levels
- [McMahan, K. et al. Correlates of protection against SARS-CoV-2 in rhesus macaques. *Nature* **590**, 630–634 \(2021\).
<https://doi.org/10.1038/s41586-021-03000-0>](https://doi.org/10.1038/s41586-021-03000-0)

‘Cellular sensitization without seroconversion’.

Many individuals with substantial exposure to SARS-CoV-2, such as healthcare workers, demonstrate virus-specific cellular responses without evidence of virus-specific antibodies.

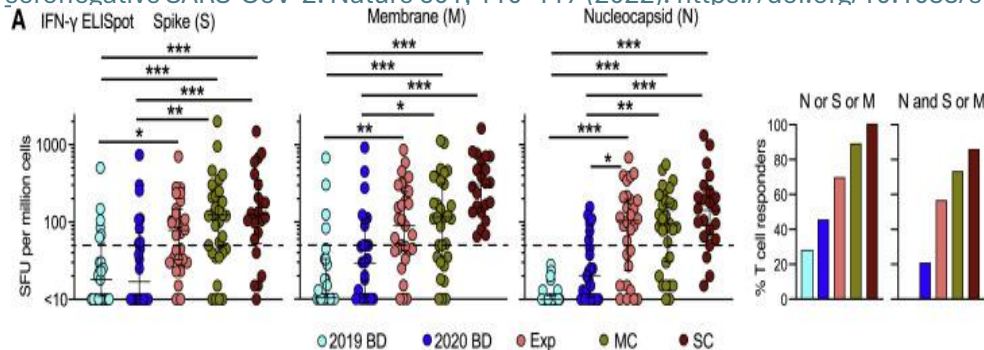
[Sekine T, Perez-Potti A, Rivera-Ballesteros O, et al. Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19. Cell. 2020 Oct 1;183\(1\):158-168.e14. doi: 10.1016/j.cell.2020.08.017.](#)

indicates a potential role for the cellular immune system in clearing infection before it is fully established.

Proteins expressed within the first 3 hours after infection dominate epitope responses.

In particular, cellular responses against RNA polymerase represent a large proportion of such cellular sensitization and may represent important candidates for future vaccine studies.

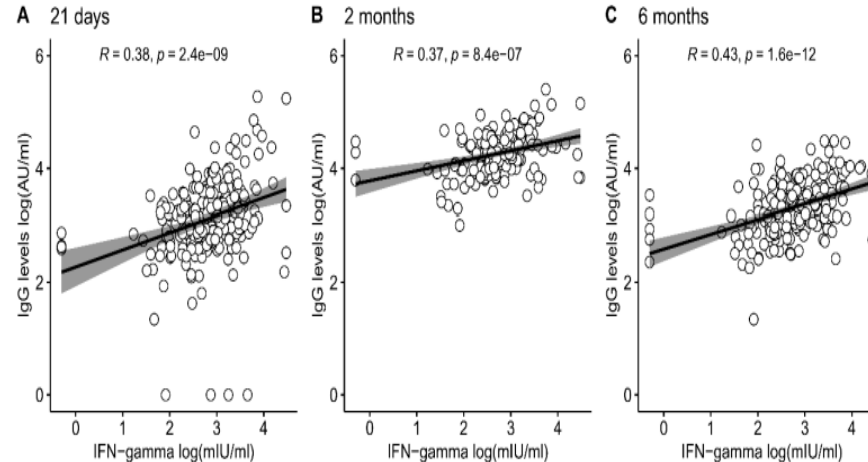
[Swadling, L., Diniz, M.O., Schmidt, N.M. et al. Pre-existing polymerase-specific T cells expand in abortive seronegative SARS-CoV-2. Nature 601, 110–117 \(2022\). <https://doi.org/10.1038/s41586-021-04186-8>](#)



2019 BD, healthy blood donors from 2019; Exp, exposed family members; SC, individuals in the convalescent phase after severe COVID-19

T-cell responses are associated with increased IgG titres

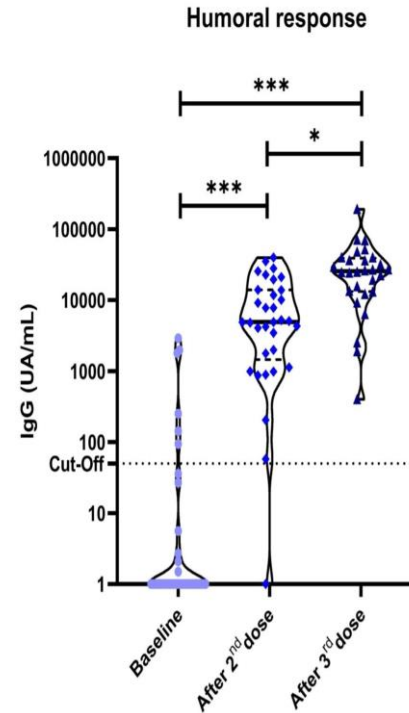
- Correlation between released IFN- γ from activated T-cells upon recognition of peptides derived from the S1 subunit of S protein and IgG levels. Correlation between IFN- γ collected at approximately 6 months after the first dose with IgG levels measured at (A) approximately 21 days, n=237 individuals; (B) approximately 2 months, n=164 individuals; and (C) approximately 6 months approximately, n=250 individuals. Spearman rank correlation was performed (two-sided). P



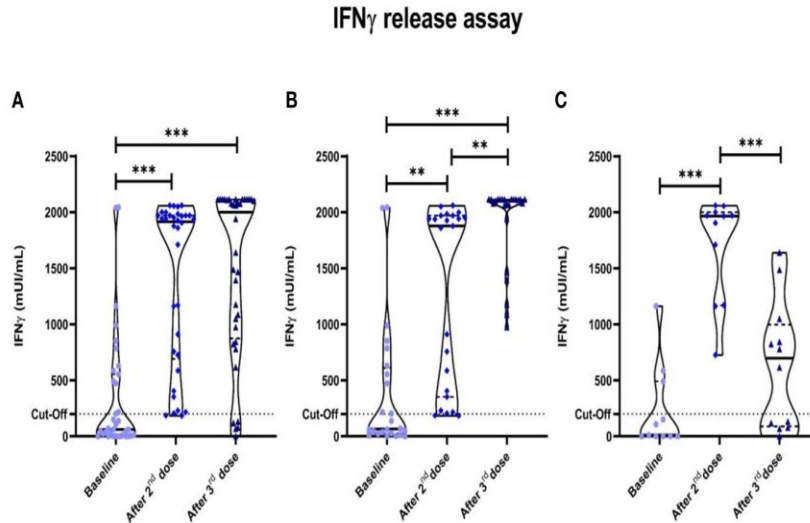
Increasing levels of IFN- γ correlated positively with IgG levels after 6 months (Spearman rank, $\rho = 0.43, p < 0.0001$), but also in the same range with the IgG titer at sampling points after 21 days and 2 months ($\rho = 0.38$ and $\rho = 0.37$, respectively)

Evidence of exhausted lymphocytes after the third anti-SARS-CoV-2 vaccine dose in cancer patients

Our preliminary data show that the two-dose SARS-CoV-2 vaccine regimen was beneficial in all cancer patients of our study. An additional booster seems to be beneficial in suboptimal vaccine seroconverters, in contrast to maximal responders that might develop exhaustion. Our data should be interpreted with caution given the small sample size and highlight the urgent need to validate our results in other independent and larger cohorts. Altogether, our data support the relevance of immunological functional studies to personalize preventive and treatment decisions in cancer patients.

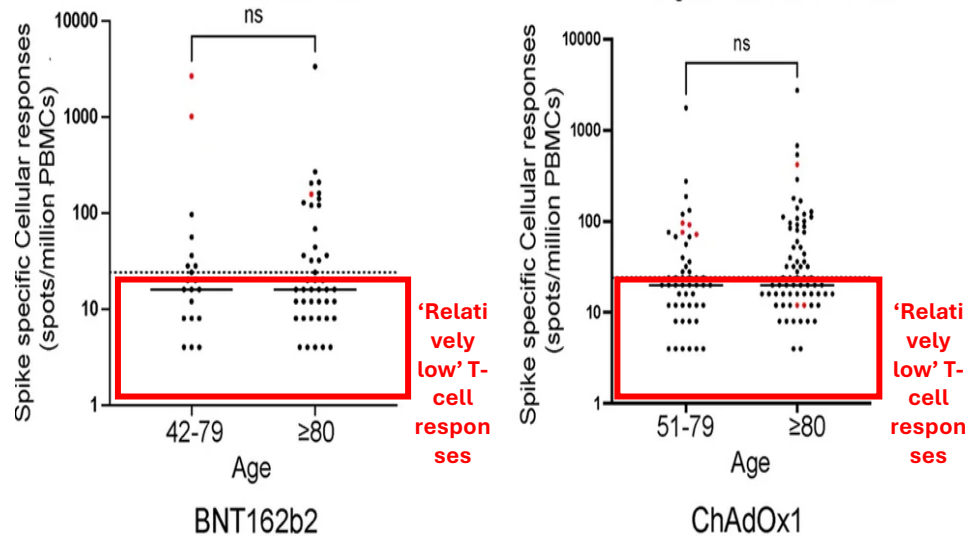


Evidence of exhausted lymphocytes after the third anti-SARS-CoV-2 vaccine dose in cancer patients



- Specific anti-SARS-CoV-2 IFN- γ responses. **(A)** All cancer patients. Significant differences were seen in cancer patients between the baseline anti-SARS-CoV-2 IFN- γ titres and after the second ($p < 0.001$) and third vaccine doses ($p < 0.001$).
- Two groups were established after the third dose according to the pattern of cellular behavior: one that enhanced their IFN- γ titres after the third vaccine dose (Group 1); and Group 2 that displayed a drastic fall-off of specific anti-SARS-CoV-2 IFN- γ titres. **(B)** Group 1 cancer patients. **(C)** Group 2 cancer patients. * $P < 0.05$ ** $P < 0.01$ *** $P < 0.001$.

A number of vaccinated individuals demonstrate low T-cell activation to spike based vaccines



Spike-specific Elispot response following dual vaccination with A) BNT162b2 or B) ChAdOx1 in donors aged 80+ or 42–79 years. Blood samples were taken 2–3 weeks after second vaccine. Adapted from: Parry, H., Bruton, R., Stephens, C. *et al.* Differential immunogenicity of BNT162b2 or ChAdOx1 vaccines after extended-interval homologous dual vaccination in older people. *Immun Ageing* 18, 34 (2021).

Not just T cell suppression

- Class **switch** toward noninflammatory, spike-specific **IgG4** antibodies after repeated **SARS-CoV-2** mRNA **vaccination**. Irrgang P, Gerling J, Kocher K, Lapuente D, Steininger P, Habenicht K, Wytopil M, Beileke S, Schäfer S, Zhong J, Ssebyatika G, Krey T, Falcone V, Schülein C, Peter AS, Nganou-Makamdop K, Hengel H, Held J, Bogdan C, Überla K, Schober K, Winkler TH, Tenbusch M. *Sci Immunol*. 2023 Jan 27;8(79):eade2798. doi: 10.1126/sciimmunol.ade2798. Epub 2023 Jan 27. PMID: 36548397 **Free PMC article**.
- Here, we report that several months after the second **vaccination**, **SARS-CoV-2**-specific antibodies were increasingly composed of noninflammatory **IgG4**, which were further boosted by a third mRNA **vaccination** and/or **SARS-CoV-2** ...

What IgG class switching from 1 and 3 to 4 means

- The booster vaccines induce unnecessary antibodies and a signal to tolerise the response.
- This is what we try to do in transplant patients to stop rejection.
- There are therefore now 2 mechanisms that would normally control cancer growth being impaired.

Cancer incidence and COVID vaccines

- We predicted cancer incidence would rise dramatically as a result of lock down procedures with failure to diagnose cancers early and treat quickly, made worse by patients fear of coming to hospital.
- However, the first change I became aware of was an increase in long standing melanoma patients relapsing, often after 5-10 years in remission. Occasionally this happens after 3 months of severe depression/immune suppression due to bereavement, divorce, debt etc.

Melanoma relapses

- I saw at least 6 patients in as many weeks at the end of 2021, none had suffered any reason for having immune suppression.
- The only thing in common was that they had all been bullied into having COVID vaccine boosters.
- I was to see another 6 patients in the next few weeks .
- In spite of warning against boosters by me, patients were harassed to have them by their GPs as they were “at risk”
- They were told that I was a cancer doctor and knew nothing about vaccines!

Not just melanomas.

- I became aware of patients who developed B cell lymphomas and leukaemia after their boosters.
- 4 in one hospital and 4 amongst colleagues and even family!
- 2 patients were told by their doctors that this was a side effect of the vaccines!, One developed turbo lymphoma and died quickly.
- After publishing my experience with melanomas, I was contacted by doctors world-wide who confirmed they were seeing the same, especially in melanomas and lymphomas.
- Melanoma and B cell diseases are heavily dependent on T cell control.

The list grows.

- Surgeons in the UK report an explosion of colorectal cancers in the young and in the aggressiveness of the disease.
- We have previously reported that colorectal cancers are very sensitive to T cell control.
- We are now seeing a large number of cancers presenting after the booster vaccines, namely Renal (Kidney), Pancreatic, Rare abdominal tumours especially in the young, Gliomas, prostate and bladder , lung and upper Gastro-intestinal cancers.

Can the mRNA vaccines induce cancers directly?

- Numerous reports of enormous batch to batch variation with DNA capsid contamination as well as contaminants such as SV40.
- SV40 is a known oncogenic sequence present in some previous vaccines.
- mRNA vaccines cause frame shifting and all sorts of unwanted genetic instructions.
- They do not get rapidly cleared as claimed but persist for over a year and have been detected in every organ at autopsy and in cancers removed by surgery.

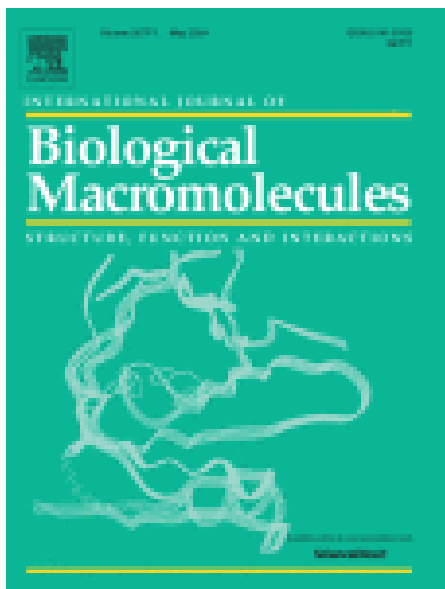
mRNA and unwanted activity.

- These mRNA spike proteins from the vaccine bind to known suppressor genes such as p53, BRCA, and MSH-3. These are the genes that suppress cancer activity and when mutated greatly increase early cancer risk.
- The long-lived spike protein causes chronic inflammation and chronic clotting which will disseminate any cancer cells. Indeed, abnormal clotting is recognized as a major progressor factor in cancer especially pancreatic and prostate cancer.

Link with boosters and cancer incidence

- Clear association with 3rd and 4th vaccines from Japan ONS data.
- Confirmed from Czech and Italian studies.

More reasons to turbo!



- **subject:** turbo cancer
-
- Seems to explain sudden onset return of cancer:
-
- <https://www.sciencedirect.com/science/article/abs/pii/S0141813024022323>
-

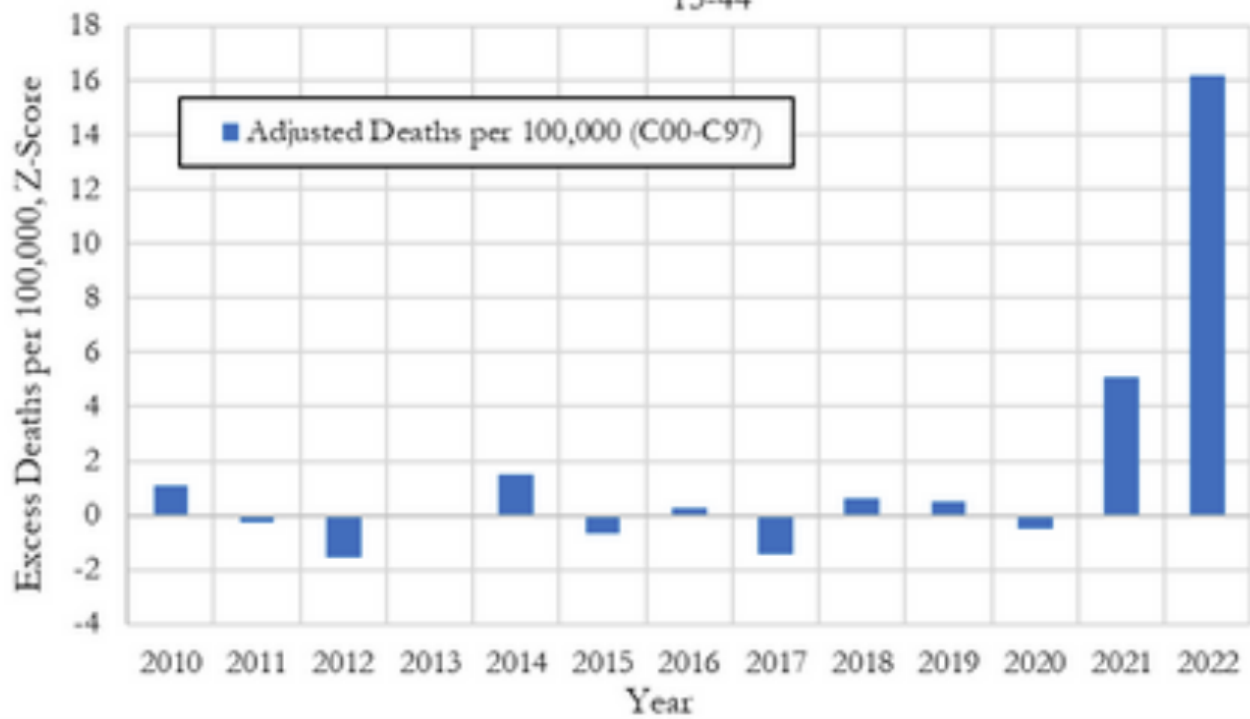
[Review: N1-methyl-pseudouridine \(m1Ψ\): Friend or foe of cancer?](#)

Due to the health emergency created by SARS-CoV-2, the virus that causes the COVID-19 disease, the rapid implementation of a new vaccine technology wa...

www.sciencedirect.com

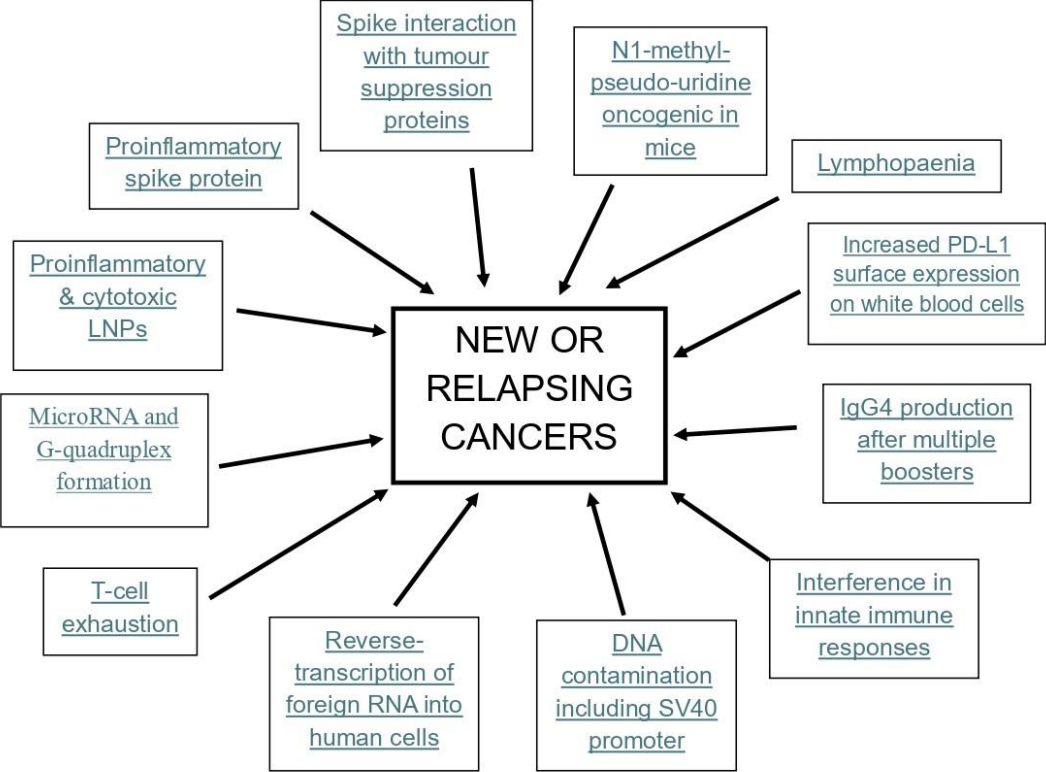


England and Wales. Excess Adj-Deaths per 100,000 (Z-Score) vs 2010-2019 trend for ICD10 Code Range: C00->C97. Both sexes. Age group: 15-44



Cancer deaths aged 15-44, ONS data 2010 – 2022.

Potential cancer-promoting mechanisms for Covid-19 vaccines.



References for Potential cancer-promoting mechanisms for Covid-19 vaccines

1. Transfected SARS-CoV-2 spike DNA for mammalian cell expression inhibits p53 activation of p21(WAF1), TRAIL Death Receptor DR5 and MDM2 proteins in cancer cells and increases cancer cell viability after chemotherapy exposure. *Zhang S, El-Deiry WS*. May 2024. <https://doi.org/10.18632/oncotarget.28582>
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3. Phase I/II study of COVID-19 RNA vaccine BNT162b1 in adults. *Mulligan MJ, Lyke KE, Kitchin N et al*. 2020. <https://doi.org/10.1038/s41586-020-2639-4>
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5. Pre-exposure to mRNA-LNP inhibits adaptive immune responses and alters innate immune fitness in an inheritable fashion. *Qin Z, Bouteau A, Herbst C, Igyártó BZ*. 2022. <https://doi.org/10.1371/journal.ppat.1010830>
6. Evidence of exhausted lymphocytes after the third anti-SARS-CoV-2 vaccine dose in cancer patients. *Fuentes JDB, Mohamed KM, Aguilar AL et al*. 2022. <https://doi.org/10.3389/fonc.2022.975980>
7. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. *Seneff S, Nigh G, Kyriakopoulos AM, McCullough PM*. 2022. <https://doi.org/10.1016/j.fct.2022.113008>
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10. Intracellular Reverse Transcription of Pfizer BioNTech Covid-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line. *Aldén M, Olofsson Falla F, Yang D et al*. February 2022. <https://doi.org/10.3390/cimb44030073>
11. Class switch towards non-inflammatory, spike-specific IgG4 antibodies after repeated SARS-CoV-2 mRNA vaccination. *Irrgang P, Girling J, Kocher K et al*. <https://www.science.org/doi/10.1126/sciimmunol.ade2798>
12. SARS-CoV-2 Vaccination and the Multi-Hit Hypothesis of Oncogenesis. *Angues RV, Bustos YP*. <https://doi.org/10.7759/cureus.50703>.

COVID vaccine to date

- Seriously concerning side effect data especially in young males including myocarditis, clots and strokes.
- No evidence of protection with booster program, in fact the opposite, 3.5x
- mRNA vaccine quality control extremely poor with up to 350x ULN DNA plasmid contamination. Not acceptable for a vaccine.



PUBLISHED RESEARCH:

'Curing the pandemic of misinformation on Covid-19 mRNA vaccines through REAL evidence-based medicine'

[READ IT NOW](#)

JOURNAL OF
INSULIN RESISTANCE

Author: Aseem Malhotra

Look back data re boosters

- So let's look at the effectiveness, i.e. the number of vaccines required to prevent hospitalisations and severe disease requiring intensive care (ITU).
- For those over 70 and with co morbidities 700 boosters are needed to prevent one hospitalisation, yet 1 in 700 will have a severe event or die from the booster!!
- For those aged 50-59 the figures are 43,600 boosters required to prevent one hospitalisation and 256,000 to prevent one ITU admission.

But there are 321 in ITU with vaccine injuries!

The figures for 40-49 are a ludicrous 932,000 and 92,600, with 1,175 in ITU with vaccine injuries.

Remember this is for a virus which at its worst killed patients of an average age of 82

The Government wanted all children vaccinated. Chris Whitty said to protect their parents!!!

Look back data re boosters

- The UK Government and its agencies, including so called think tanks, are in are in serious dangerous denial, leading to many deaths by medical negligence (you may argue incompetence but the facts are out there so it is negligence, and as some of the 63,500 deaths last year were a direct result of unnecessary vaccinations it is criminal negligence to boot).
- They are also wasting billions of pounds when NHS time is desperately needed to help those left physically and mentally impaired by the pandemic, let alone the vaccine injuries.
- I have argued strongly before that the boosters are not needed at all as the vaccine is still against the Alpha and Delta variants which have long since left the planet.

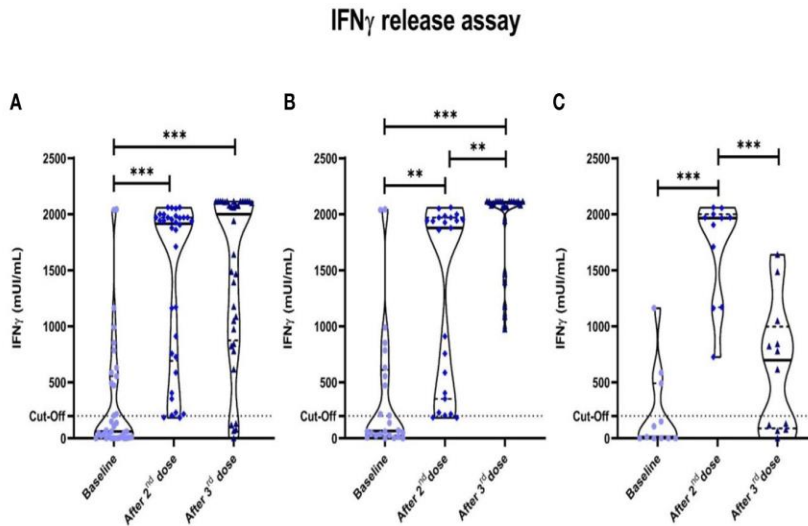
Look back data re boosters

- There is no crossover protection as the response is one of classic antigenic sin or immunological imprinting. The Omicron variants so beloved of Pfizer and Moderna not only fail to protect from new variants but actively encourage them by Antibody Dependent Enhancement (ADE) which explains why boosted patients are 50 per cent more likely to catch Covid after their vaccination than those who refuse.
- I have also pointed out that the booster is worse than no vaccine at all as it induces T-cell suppression and antibody class switching which is why I and my colleagues throughout the world are seeing an explosive rise of cancer relapses in boosted cancer patients. I initially reported my experience in melanoma and lymphoma patients but others are reporting the same in young people with many different types including colorectal, prostate and very rare tumours, often close to the injection site.

Look back data re boosters

- I have been admonished for reporting anecdotes and not doing a proper study which no one will fund, so let's look at the
- Government's own figures released in October last year and ignored.
- They show that there are more Yellow Cards for Covid vaccines than all the other vaccines over 50 years.
- The rate of Serious Adverse Events (SAEs) i.e. those which result in death or serious hospitalisation or severe disability is 1 in 800 for all vaccines, which the MHRA calls 'very rare'.

Evidence of exhausted lymphocytes after the third anti-SARS-CoV-2 vaccine dose in cancer patients



- Specific anti-SARS-CoV-2 IFN- γ responses. **(A)** All cancer patients. Significant differences were seen in cancer patients between the baseline anti-SARS-CoV-2 IFN- γ titres and after the second ($p < 0.001$) and third vaccine doses ($p < 0.001$).
- Two groups were established after the third dose according to the pattern of cellular behavior: one that enhanced their IFN- γ titres after the third vaccine dose (Group 1); and Group 2 that displayed a drastic fall-off of specific anti-SARS-CoV-2 IFN- γ titres. **(B)** Group 1 cancer patients. **(C)** Group 2 cancer patients. * $P < 0.05$ ** $P < 0.01$

Evidence of inconsistency and nano particle inclusions in mRNA preparations.

1. [Home /](#)

2. [Archives /](#)

3. [Vol. 3 No. 2 \(2024\): Injuries, Causes, and Treatments, Part 2 /](#)

4. Articles

- **Real-Time Self-Assembly of Stereomicroscopically Visible Artificial Constructions in Incubated Specimens of mRNA Products Mainly from Pfizer and Moderna: A Comprehensive Longitudinal Study**

- **Authors**

- **Young Mi Lee, MD**Practicing Physician, Hanna Women's Clinic Doryeong-ro 7, KungSung Building, 2nd Fl., Jeju, Jeju-do, 63098, Republic of Korea (South Korea)

- **Daniel Broudy, PhD**Professor of Applied Linguistics, Okinawa Christian University

- **DOI:**

- <https://doi.org/10.56098/586k0043>**Keywords:**

- modified mRNA, mRNA, COVID-19 vaccine incubation, stereomicroscopic examination, nanotechnology in COVID-19 injectables, nanotechnology**Abstract**

- Observable real-time injuries at the cellular level in recipients of the “safe and effective” COVID-19 injectables are documented here for the first time with the presentation of a comprehensive description and analysis of observed phenomena. The global administration of these often-mandated products from late 2020 triggered a plethora of independent research studies of the modified RNA injectable gene therapies, most notably those manufactured by Pfizer and Moderna. Analyses reported here consist of precise laboratory “bench science” aiming to understand why serious debilitating, prolonged injuries (and many deaths) occurred increasingly without any measurable protective effect from the aggressively marketed products. The contents of COVID-19 injectables were examined under a stereomicroscope at up to 400X magnification. Carefully preserved specimens were cultured in a range of distinct media to observe immediate and long-term cause-and-effect relationships between the injectables and living cells under carefully controlled conditions. From such research, reasonable inferences can be drawn about observed injuries worldwide that have occurred since the injectables were pressed upon billions of individuals. In addition to cellular toxicity, our findings reveal numerous — on the order of $3\sim 4 \times 10^6$ per milliliter of the injectable — visible artificial self-assembling entities ranging from about 1 to 100 μm , or greater, of many different shapes. There were animated worm-like entities, discs, chains, spirals, tubes, right-angle structures containing other artificial entities within them, and so forth. All these are exceedingly beyond any expected and acceptable levels of contamination of the COVID-19 injectables, and incubation studies revealed the progressive self-assembly of many artifactual structures. As time progressed during incubation, simple one- and two-dimensional structures over two or three weeks became more complex in shape and size developing into stereoscopically visible entities in three-dimensions. They resembled carbon nanotube filaments, ribbons, and tapes, some appearing as transparent, thin, flat membranes, and others as three-dimensional spirals, and beaded chains. Some of these seemed to appear and then disappear over time. Our observations suggest the presence of some kind of nanotechnology in the COVID-19 injectables.

Pfizer

- **The Israeli Survey That Shows the Pfizer Vaccine Hospitalised Hundreds of Times More People Than is Safe – and How it Was Downplayed**
- BY **DR EYAL SHAHAR**
- **17 MAY 2023**
- **32**
- An Israeli Government survey showed that side-effects of the Pfizer vaccine hospitalised people hundreds of times more often than is...

COVID booster

- Many of us are seeing increased incidence of cancer relapses and new cancer appear within 3-12 weeks of the 1st booster.
- Significant neurological side effects such as Transverse myelitis and GBS.
- None of this is being addressed by the MHRA.

No ~~study can show~~ better protection than infection

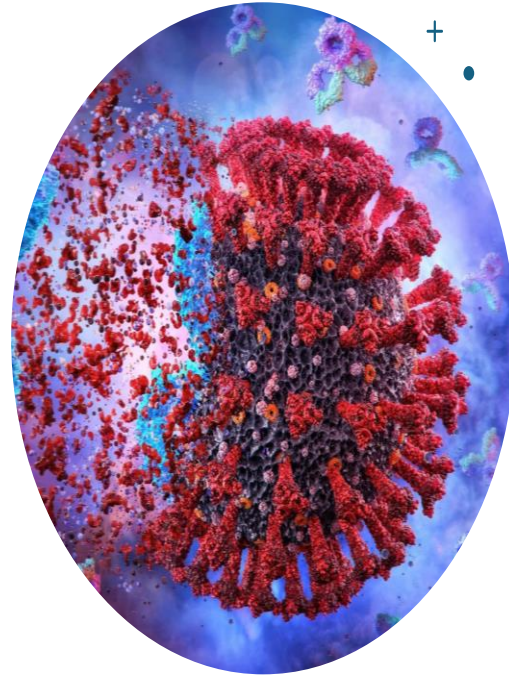
Danish Study Confirms That Natural Immunity Protects Better Against Infection Than the Vaccines

BY [NOAH CARL](#)

[15 DECEMBER 2021 3:58 PM](#)

Last week, I wrote about a *second* major [study](#) finding that natural immunity protects better against infection than the Pfizer vaccine. Both this study and the earlier one were from Israel, and while there's every reason to believe the results generalise to other populations, it's always good to have data from multiple countries.

We now have those data in the form of a [study](#) published by the Statens Serum Institut in Denmark. I can't say the report itself is *worth reading in full*, since it's written in Danish. But I've posted the key figure below. It shows protection against infection for three different groups – adjusting for age, sex, comorbidities, and time of year.



And it gets worse.

- [mRNA Vaccine Contamination Much Worse Than Thought: Jabs “Up to 35%” DNA That Turns Human Cells into Long-Term Spike Protein Factories](#)
- BY [WILL JONES](#)
- [13 MARCH 2023](#)
- [40](#)
- The contamination of mRNA vaccines with DNA is far greater than initially thought at up to 35%, and the DNA's...

MHRA negligence and obfuscation confirmed by the ONS!!!

[ONS Admits Vaccine Effectiveness Data Are Flawed](#)

BY [NAKED EMPEROR](#)

[10 MARCH 2023](#)

[10](#)

In a new ONS report on vaccine effectiveness, the statistics agency finds that even after adjustments the vaccinated die of...

[READ MORE](#)

[Why is the MHRA Refusing to Release Key Vaccine Safety Data?](#)

BY [CHARLES GILLOW](#)

[8 MARCH 2023](#)

[44](#)

U.K. drugs regulator the MHRA has been refusing to disclose key information relating to the safety of the Covid vaccines

Case in every country since vaccine role out

- [Deaths Running 26% Above Pre-Pandemic Levels – and the Vaccines Remain a Leading Suspect](#)
- BY [WILL JONES](#)
- [27 JANUARY 2023](#)
- [35](#)
- Deaths continue to run at extraordinary levels – 26% above pre-pandemic levels this week. Some have argued that the timing..

Not only a scam on Relative risk instead of actual risk but methodology skewed in favour.

- **The Scam That Spins '95% Vaccine Efficacy' From a Placebo** BY NORMAN FENTON AND MARTIN NEIL 3 MAY 2023 7:00 AM We have provided numerous explanations (see [here](#), and [here](#)) and videos (see [here](#) and [here](#)) explaining why a vaccine that is actually merely a placebo will inevitably appear to have high efficacy if there is a time delay after vaccination during which the participant is classified as 'unvaccinated'. Some people have claimed that the examples – using hypothetical data – are unrealistic and that, with different assumptions about the underlying infection rate, the illusion would not happen. Not true. This example simulates a vaccine roll-out and efficacy evaluation which is essentially how all the 2021 observational studies of the Covid vaccines were conducted.

Censorship continues!!

Lancet Study on Covid Vaccine Autopsies Finds 74% Were Caused by Vaccine – Study is Removed Within 24 Hours

BY [WILL JONES](#)

[6 JULY 2023 1:28 PM](#)

A *Lancet* review of 325 autopsies after Covid vaccination found that 74% of the deaths were caused by the vaccine – but the study was removed within 24 hours.

The paper, a pre-print that was awaiting peer-review, is written by leading cardiologist Dr. Peter McCullough, Yale epidemiologist Dr. Harvey Risch and their colleagues at the [Wellness Company](#) and was published online on Wednesday on the [pre-print site](#) of the prestigious medical journal.

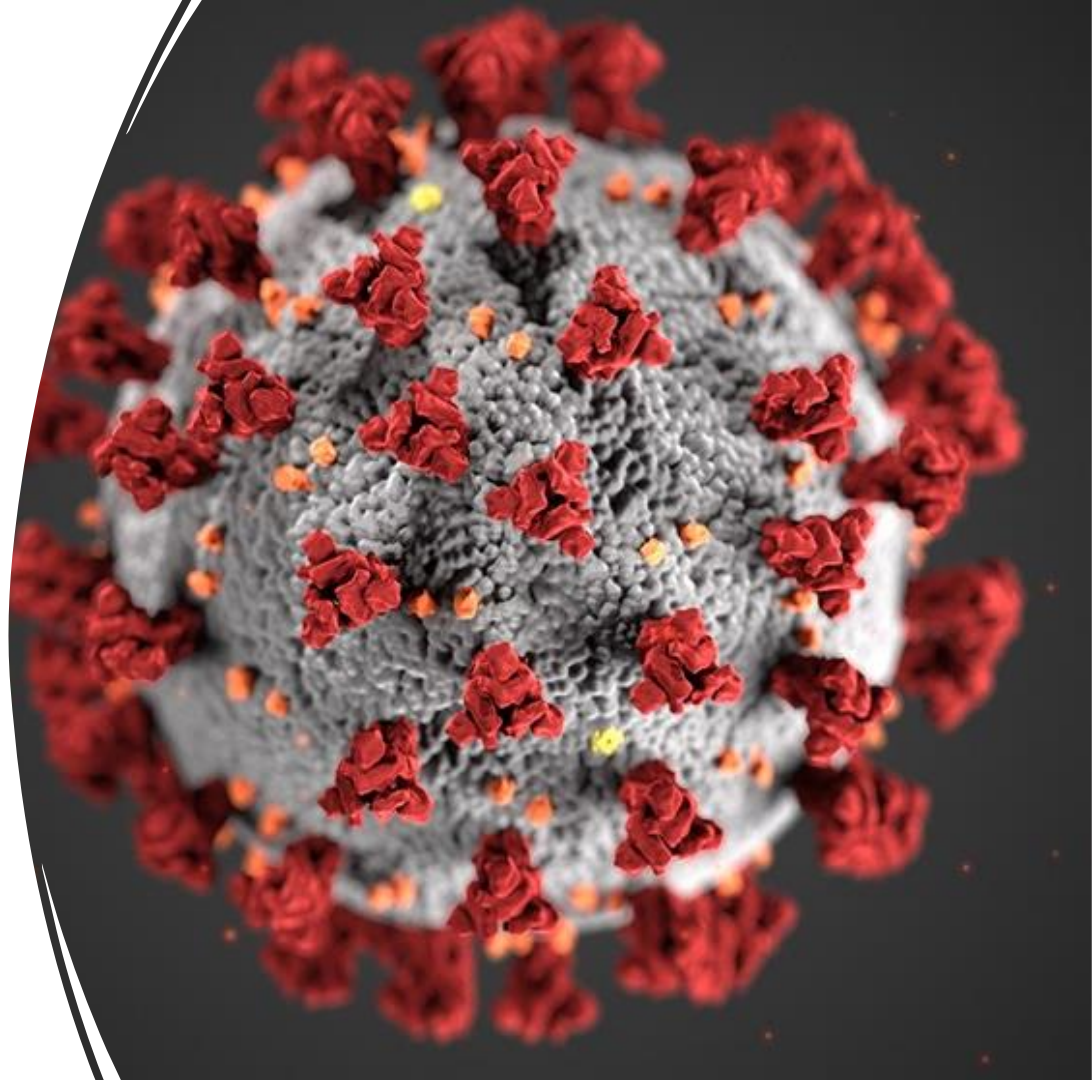


COVID PAPERS RETRACTED!!

Retracted coronavirus (COVID-19) papers

via CDC

We've been tracking retractions of papers about COVID-19 as part of our [database](#). Here's a running list, which will be updated as needed. (For some context on these figures, see [this post](#), our [letter in *Accountability in Research*](#) and the last section of [this *Nature news* article](#). Also see a note about the terminology regarding preprint servers at the end.)



More likely to suffer SAE from mRNA jab than be hospitalised from covid.

Serious adverse events of special interest following mRNA vaccination in randomized trials

Joseph Fraiman, MD¹
Juan Erviti, PharmD, PhD²
Mark Jones, PhD³
Sander Greenland, MA, MS, DrPH, C Stat⁴
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ABSTRACT

Introduction. In 2020, prior to COVID-19 vaccine rollout, the Coalition for Epidemic Preparedness Innovations and Brighton Collaboration created a priority list, endorsed by the World Health Organization, of potential adverse events relevant to COVID-19 vaccines. We leveraged the Brighton Collaboration list to evaluate serious adverse events of special interest observed in phase III randomized trials of mRNA COVID-19 vaccines.

Methods. Secondary analysis of serious adverse events reported in the placebo-controlled, phase III randomized clinical trials of Pfizer and Moderna mRNA COVID-19 vaccines (NCT04368728 and NCT04470427), focusing analysis on potential adverse events of special interest identified by the Brighton Collaboration.

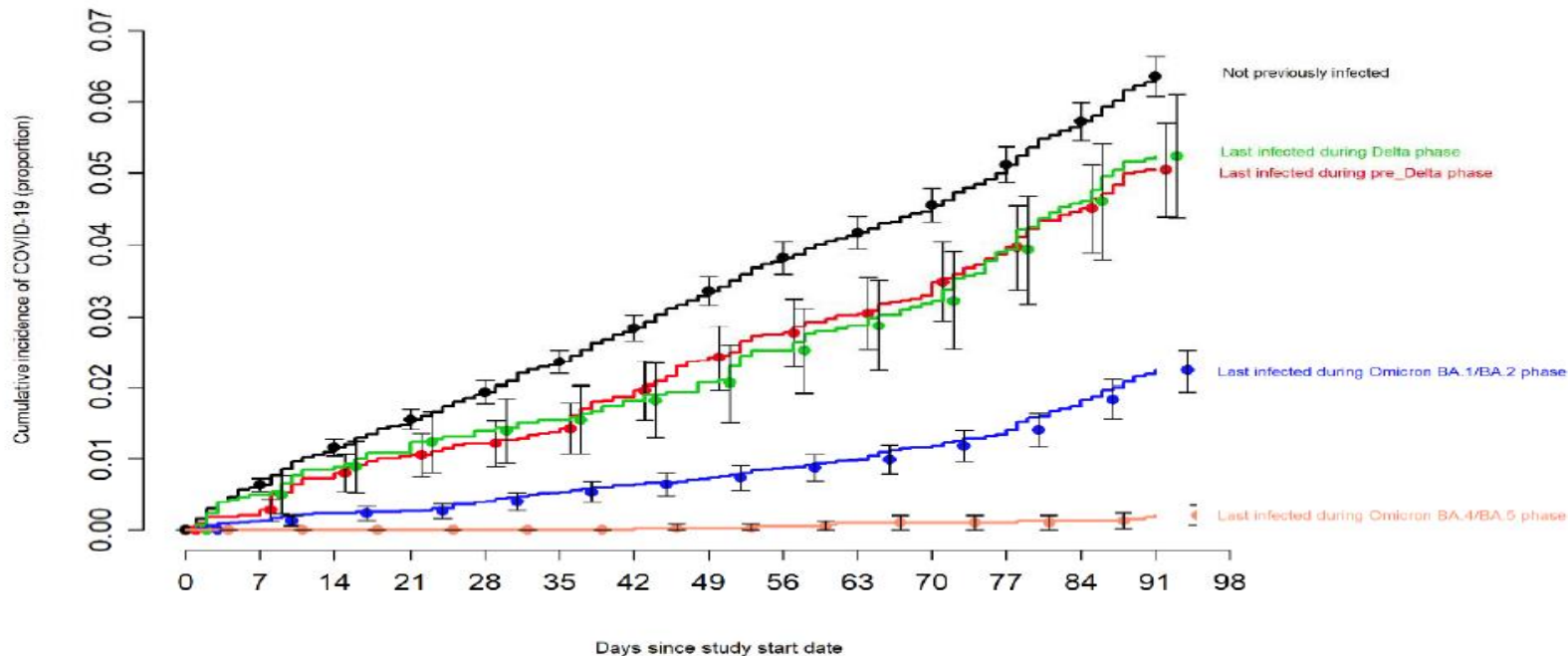
Results. Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).

Discussion. The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.

Funding. This study had no funding support.

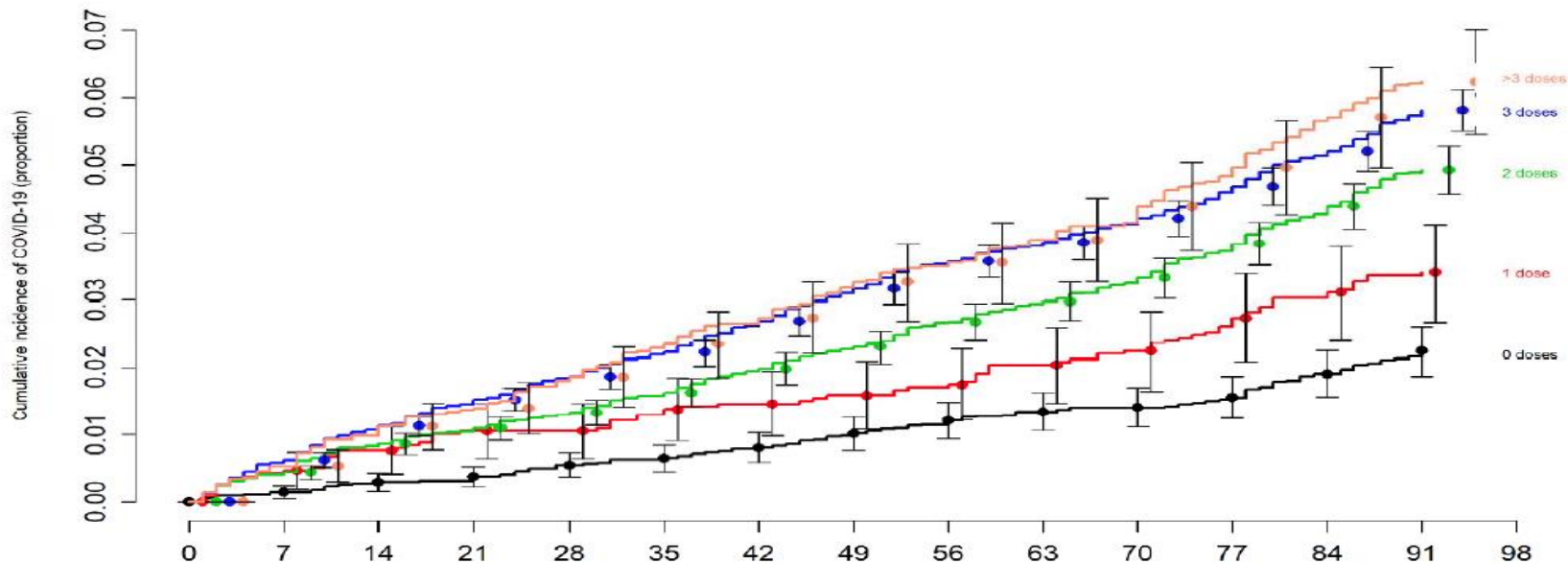
Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine

Effect of Natural Immunity



Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine

Effect of Previous Vaccination



Reason we are pursuing selected conserved dominant epitopes

- BECAUSE OUR INITIAL ANALYSIS OF THE SPIKE PROTEIN SHOWED AN 79% HOMOLOGY WITH HUMAN EPITOPES ESPECIALLY THOSE INVOLVED IN CLOTTING (PF4) AND NEUROLOGICAL PROBLEMS (MYELIN)
- We predicted that the whole spike would bind ACE-2 receptors thus causing cardiac and circulatory side effects as well inducing auto immune antibodies leading to bleeds, strokes and neurological side effects/

All have been proven to be correct.

MAJOR HEALTH ISSUE IS TO DETOXYFY THE SPIKE PROTEIN

- There is evidence that certain substances can do this with Peter McCullough and Ryan Cole actively researching this.
- VIT D3
- Nattokinase (McCullough)
- Bromelain
- Low Dose Naltrexone (LDN) It inhibits IL-6 production which is elevated in cancer , acute COVID and long COVID.
- Ivermectin
- Heat killed Mycobacterium , M.vaccae and M.Obuense (IMM-101)

Many other candidates have been proposed

- Easy to assess this by measuring circulating Spike mRNA from the vaccines and looking at response to these regimens.
- Many other candidates being reported with natural products.

The Telegraph

COMMENT

Have I found the missing ingredient in a coronavirus vaccine?

ANGUS DALGLEISH

30 March 2020 • 10:00pm

The Telegraph

COMMENT

Antibody testing will expose the folly of lockdown

The breakthrough may yet helpfully show that Ferguson and his ill-informed colleagues got it spectacularly wrong

ANGUS DALGLEISH

26 May 2020 • 6:00am

MailOnline Comment

What every young person who fears the jab **MUST** be told: Vaccine expert **ANGUS DALGLEISH** dismantles beliefs that have seen rates stall among the **18-30s**

By PROFESSOR ANGUS DALGLEISH FOR THE DAILY MAIL
PUBLISHED: 22:12, 22 July 2021 | UPDATED: 13:43, 23 July 2021

MailOnline Comment

Tale of two nations is a lesson on lockdowns: **Australia** faces fresh Covid crisis... but **Sweden** records less than one death a day, writes Professor **ANGUS DALGLEISH**

By PROFESSOR ANGUS DALGLEISH FOR THE DAILY MAIL
PUBLISHED: 22:01, 3 August 2021 | UPDATED: 13:14, 4 August 2021

MailOnline Comment

The **Omicron** variant may spell the end of the Covid pandemic. So, asks Professor **ANGUS DALGLEISH**, why is it being treated like Ebola?

By PROFESSOR ANGUS DALGLEISH FOR THE DAILY MAIL
PUBLISHED: 22:01, 29 November 2021 | UPDATED: 11:11, 30 November 2021

MailOnline Comment

ANGUS DALGLEISH: I believe a climate of dread around Covid is deliberately being manufactured by scientists and my fellow medics

By ANGUS DALGLEISH FOR THE DAILY MAIL
PUBLISHED: 22:44, 17 December 2021 | UPDATED: 00:53, 18 December 2021

MailOnline Comment

Covid WAS clearly the result of genetic engineering in China. If the inquiry refuses to consider this, the hearings are pointless, says leading scientist **PROF ANGUS DALGLEISH**

By PROFESSOR ANGUS DALGLEISH

PUBLISHED: 21:31, 30 November 2023 | UPDATED: 09:05, 1 December 2023



by Professor
Angus Dalgleish

THE phrase is straight out of Yes Minister. Michael Gove's evidence to the Covid Inquiry on Tuesday was cut off for staying into what a smooth-talking Government lawyer deemed a somewhat divisive issue. Gove, a Cabinet minister for most of the last 13 years, ventured to state that 'there is a significant body of judgment that believes that the virus itself was man-made'. This goes further than any British official has previously dared. Gove is an exceptionally clever man — and I have no doubt his intervention was deliberate. He has long been aware of the overwhelming evidence that SARS-CoV-2, the virus that causes Covid, was genetically engineered to become a human pathogen in a laboratory in the city of Wuhan in China.

As Yes Minister's Sir Humphrey might put it, the Secretary of State apparently erred what it was he wasn't supposed to. In fact, what Gove called the 'significant body of judgment' is overreaching. Chinese molecular biologists took a coronavirus that occurs naturally in bats and altered its genes — to an extent that cannot occur naturally — so as to make it exceptionally contagious in humans. Any notion that this novel coronavirus rose from contaminated bat meat sold the wet market at Wuhan is a layman's or the credulous, a juvenile explanation that betrays the intelligence of every sane virologist.

The Chinese are to blame for the Covid pandemic and the deaths (estimated at seven million globally) and long-term losses it caused, as well as the medical damage to the world's economy — to the extent, it would not be inappropriate to estimate, of dozens of substantial variations from Beijing.

The mere fact that this disease arose in a single city as the Wuhan Fresh Sea of Biology, China's premier top-level biotechnology laboratory, should be enough to fire any investigator's suspicions. Yet shamefully, the Covid Inquiry lawyer Sir Keith Klappel clapped Gove, Mr Gove for not beginning to approach the subject.

GOVE'S point ought to be central to the Inquiry. He was admitting that the Government was not as well prepared as we should have been because 'the virus was novel'. In other words, the medical establishment was blindsided. This virus was unprecedented because it was in part created by man. If this I can say with certainty because I was the co-author of a scientific paper that 'made' Government officials aware of the facts, in March 2020. Working with my colleague in Norway, Dr

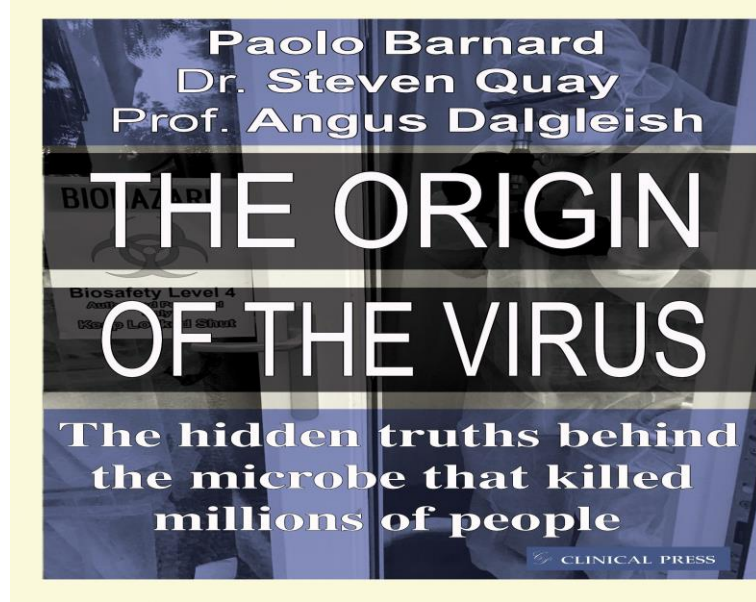
As Michael Gove is rebuked at the Covid Inquiry for suggesting the virus was 'man-made', a leading scientist argues.



Covid was clearly the result of genetic engineering in China. If the inquiry refuses to consider this, the hearings are pointless

Books

**PANDEMIC (1 AND 2),
THE ORIGIN OF THE VIRUS
THE DEATH OF SCIENCE**



THE DEATH OF SCIENCE

THE RETREAT FROM REASON IN
THE POST-MODERN WORLD



**PAUL R GODDARD
&
ANGUS G DALGLEISH**

FOREWORDS BY
SIR RICHARD DEARLOVE
&
PROFESSOR KAROL SIKORA

*A frightening but informed look at the parlous state of science from
some honest, outspoken critics working within the scientific world*

Goddard and Dalgleish et al

National Tour
2024



Dr Paul Marik



Rediscovering Medicine Uncensored The Australian Tour



**Professor
Angus Dalgleish**

Brisbane - 30th September
Sunshine Coast - 2nd October
Sydney - 4th October
Adelaide - 9th October
Melbourne - 11th October
- 12th October
Perth - Video - 17th October



Dr Paul Marik

We're Leading A Movement

From

To

Sickcare

- Reactive
- Diagnosed Illness, Injury, or Disease
- Only Occurs Post-Diagnosis

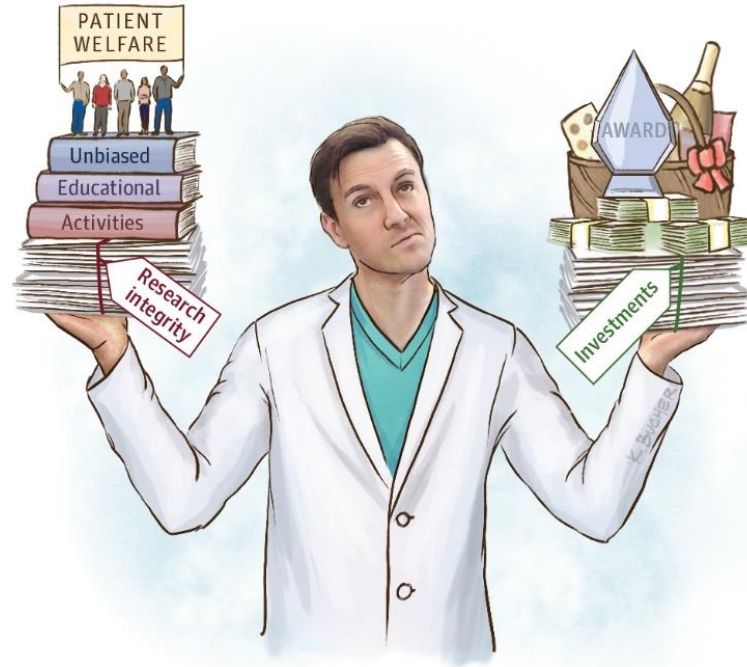


Wellness:
proactively creating
true health and
preventing disease

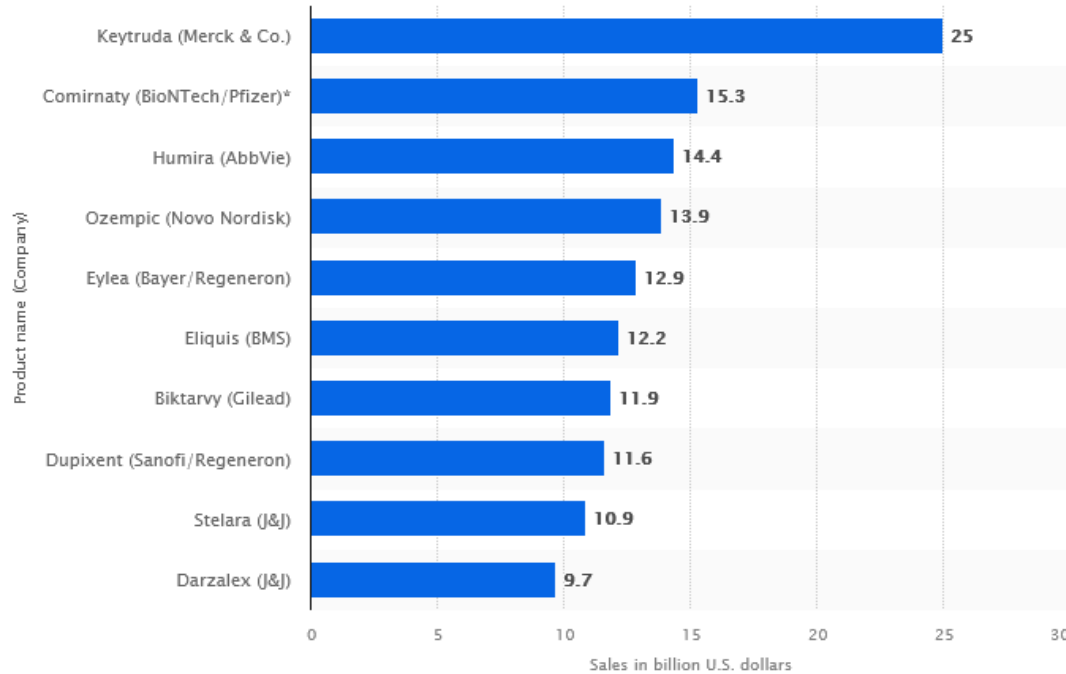


Paul Marik MD, FCCM, FCCP

Conflicts of Interest



Leading pharmaceutical products by sales worldwide in 2023 (in billion U.S. dollars)



Details: Worldwide; Website (drugdiscoverytrends.com); Various sources (company data)

They have ALL Lied to Us.

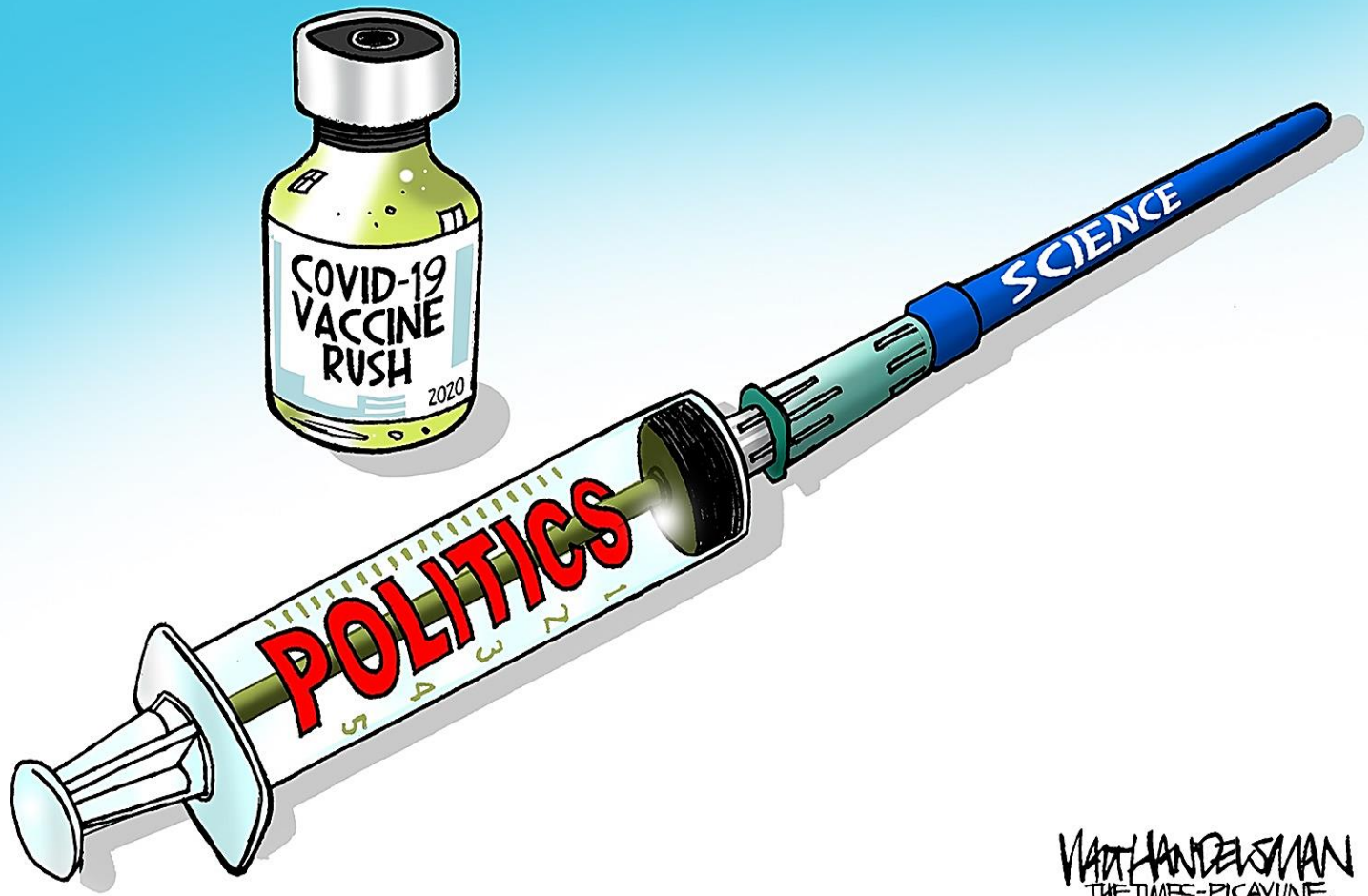
- Federal Government
- National Institute of Health (NIH)
- Center for Disease Control and Prevention (CDC)
- Federal Drug Administration (FDA)
- World Health Organization (WHO)
- State Medical Boards and FSMB
- ...Etc, etc

What are the Lies? Everything they told Us!

- SARS-CoV-2 originated from a natural source (bats and intermediate host)
- Masks limit spread of infection
- Social distancing limits spread of infection
- Lockdowns limit spread of infection
- There was no early treatment for COVID-19
- Remdesivir was safe and effective for the treatment of hospitalized patients with COVID-19

- The COVID-19 “shots” are safe and effective

And the biggest lie of all



WALT HANDERSMAN
THE TIMES-PICAYUNE
THE ADVOCATE
© 2020

Nothing says
“Trust the Science”
like asking for the data
to be hidden for
75 years



COVID-19
VACCINES



SAFE AND EFFECTIVE



Vaccines are
Safe and **Effective**



5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

	Characteristics	Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 ^a
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

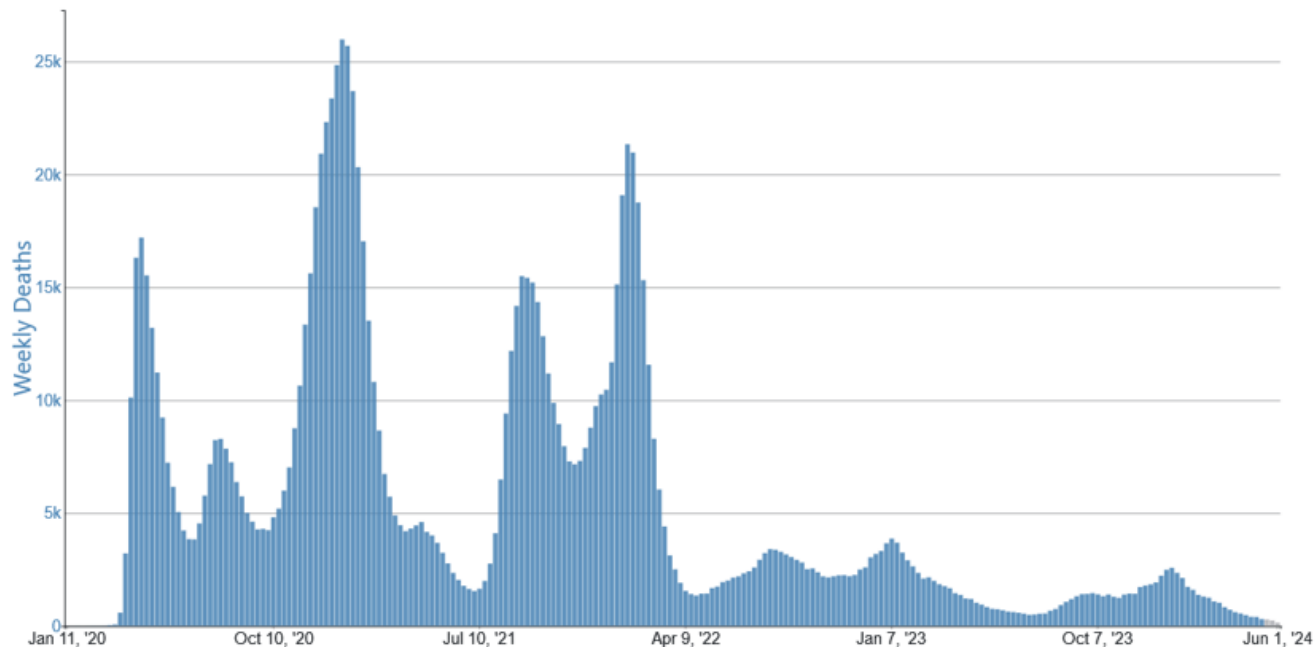
5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

APPENDIX I. LIST OF ADVERSE EVENTS OF SPECIAL INTEREST

1p36 deletion syndrome; 2-Hydroxyglutaric aciduria; 5'nucleotidase increased; Acoustic neuritis; Acquired C1 inhibitor deficiency; Acquired epidermolysis bullosa; Acquired epileptic aphasia; Acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neurophilic dermatosis; Acute flaccid myelitis; Acute haemorrhagic leukoencephalitis; Acute haemorrhagic oedema of infancy; Acute kidney injury; Acute macular outer retinopathy; Acute motor axonal neuropathy; Acute motor-sensory axonal neuropathy; Acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure; Addison's disease; Administration site thrombosis; Administration site vasculitis; Adrenal thrombosis; Adverse event following immunisation; Ageusia; Agramulocytosis; Air embolism; Alanine aminotransferase abnormal; Alanine aminotransferase increased; Alcoholic seizure; Allergic bronchopulmonary mycosis; Allergic oedema; Alloimmune hepatitis; Alopecia areata; Alpers disease; Alveolar proteinosis; Ammonia abnormal; Ammonia increased; Amniotic cavity infection; Amygdalohippocampectomy; Amyloid arthropathy; Amyloidosis; Amyloidosis senile; Anaphylactic reaction; Anaphylactic shock; Anaphylactic transfusion reaction; Anaphylactoid reaction; Anaphylactoid shock; Anaphylactoid syndrome of pregnancy; Angioedema; Angiopathic neuropathy; Ankylosing spondylitis; Anosmia; Antiacetylcholine receptor antibody positive; Anti-actin antibody positive; Anti-aquaporin-4 antibody positive; Anti-basal ganglia antibody positive; Anti-cyclic citrullinated peptide antibody positive; Anti-epithelial antibody positive; Anti-erythrocyte antibody positive; Anti-exosome complex antibody positive; Anti-GAD antibody negative; Anti-GAD antibody positive; Anti-ganglioside antibody positive; Antigliadin antibody positive; Anti-glomerular basement membrane antibody positive; Anti-glomerular basement membrane disease; Anti-glycyl-tRNA synthetase antibody positive; Anti-HLA antibody test positive; Anti-IA2 antibody positive; Anti-insulin antibody increased; Anti-insulin antibody positive; Anti-insulin receptor antibody increased; Anti-insulin receptor antibody positive; Anti-interferon antibody negative; Anti-interferon antibody positive; Anti-islet cell antibody positive; Antimitochondrial antibody positive; Anti-muscle specific kinase antibody positive; Anti-myelin-associated glycoprotein antibodies positive; Anti-myelin-associated glycoprotein associated polyneuropathy; Antimycardial antibody positive; Anti-neuronal antibody positive; Antineutrophil cytoplasmic antibody increased; Antineutrophil cytoplasmic antibody positive; Anti-neutrophil cytoplasmic antibody positive vasculitis; Anti-NMDA antibody positive; Antinuclear antibody increased; Antinuclear antibody positive; Antiphospholipid antibodies positive; Antiphospholipid syndrome; Anti-platelet antibody positive; Anti-prothrombin antibody positive; Antiribosomal P antibody positive; Anti-RNA polymerase III antibody positive; Anti-saccharomyces cerevisiae antibody test positive; Anti-sperm antibody positive; Anti-SRP antibody positive; Antisynthetase syndrome; Anti-thyroid antibody positive; Anti-transglutaminase antibody increased; Anti-VGCC antibody positive; Anti-VGKC antibody positive; Anti-vimentin antibody positive; Antiviral prophylaxis; Antiviral treatment; Anti-zinc transporter 8 antibody positive; Aortic embolus; Aortic thrombosis; Aortitis; Aplasia pure red cell; Aplastic anaemia; Application site thrombosis; Application site vasculitis; Arrhythmia; Arterial bypass occlusion; Arterial bypass thrombosis; Arterial thrombosis; Arteriovenous fistula thrombosis; Arteriovenous graft site stenosis; Arteriovenous graft thrombosis; Arteritis; Arteritis

Eight more Pages

Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services. CDC; 2024. June 13. <https://covid.cdc.gov/covid-data-tracker>

< 60 years IFR was 0.03%
> 60 years IFR was 0.07%
0–19 years IFR was 0.0003%

Excess mortality across countries in the Western World since the COVID-19 pandemic: 'Our World in Data' estimates of January 2020 to December 2022

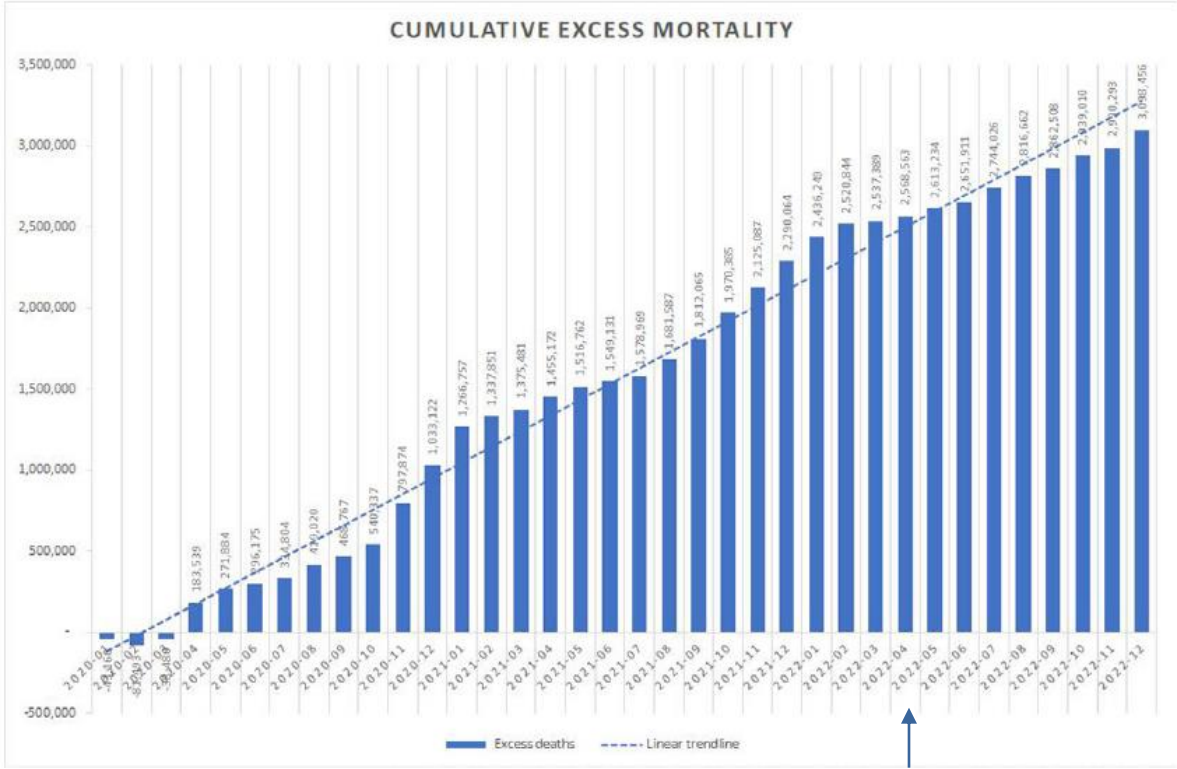


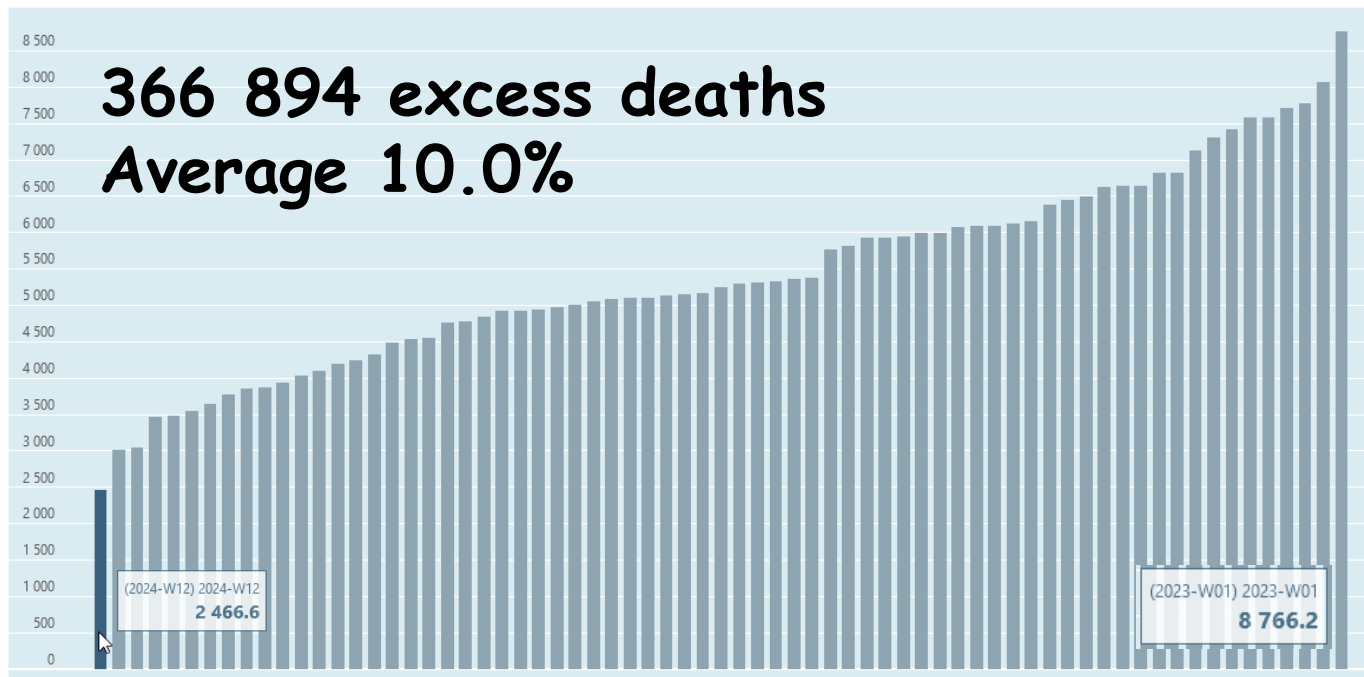
Figure 1 Excess mortality and cumulative excess mortality in the Western World (n=47 countries).

Office Economic Cooperation and Development: Excess death Jan 2023 to Week 12 2024

(DSD_HEALTH_MORTALITY@DF_MORTALITY_EXCESS) Excess mortality by week ⓘ

(REF_AREA) Reference area: (USA) United States • (FREQ) Frequency of observation: (W) Weekly • (MEASURE) Measure: (EM) Excess mortality

(UNIT) Combined unit of measure: (DT) Deaths



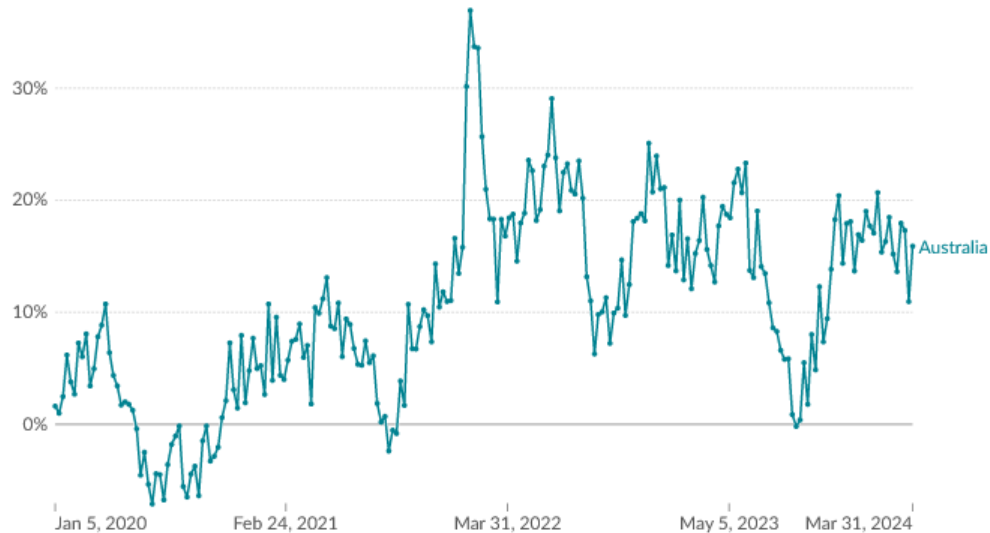
Excess Deaths Australia: Our World Data

Excess mortality: Deaths from all causes compared to average over previous years

Our World
in Data

Percentage difference between the reported weekly or monthly deaths in 2020–2024 and the average deaths in the same period in 2015–2019.

Table | Map | Chart

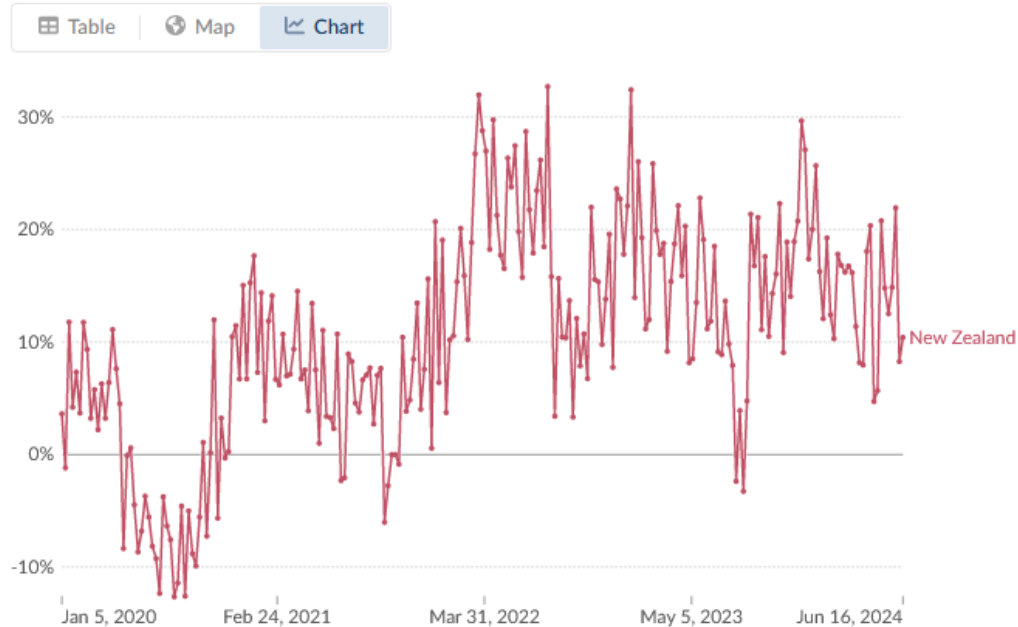


Excess Deaths New Zealand: Our World Data

Excess mortality: Deaths from all causes compared to average over previous years

Our World
in Data

Percentage difference between the reported weekly or monthly deaths in 2020–2024 and the average deaths in the same period in 2015–2019.



20 Most Vaccinated Countries

#	iso_code	location	people_vaccinated_per_hundre	BASELINE (Average)		Type	Excess			Improved w/ vaccine?	No excess w/ vaccine?
				From	To		2020	2021	2022		
1	ARE	United Arab Emirates	106	2018	2019	cmr	14.9%	31.1%		FALSE	FALSE
2	QAT	Qatar	106	2017	2019	cmr	14.3%	23.9%	20.0%	FALSE	FALSE
3	PRT	Portugal	95.3	2017	2019	asmr	7.2%	4.4%	2.3%	TRUE	FALSE
4	HKG	Hong Kong	92.4	2017	2019	cmr	6.8%	7.2%	20.3%	FALSE	FALSE
5	CHL	Chile	92.3	2017	2019	asmr	10.2%	17.5%	13.8%	FALSE	FALSE
6	SGP	Singapore	91.6	2017	2019	cmr	2.3%	11.9%	22.9%	FALSE	FALSE
7	ARG	Argentina	91.2	2017	2019	cmr	9.4%	25.7%		FALSE	FALSE
8	CAN	Canada	90.4	2017	2019	asmr	3.2%	2.3%	7.3%	FALSE	FALSE
9	CRI	Costa Rica	89.6	2017	2019	cmr	8.5%	27.7%	17.9%	FALSE	FALSE
10	URY	Uruguay	88	2017	2019	cmr	-4.2%	20.8%	15.3%	FALSE	FALSE
11	ESP	Spain	87	2017	2019	asmr	14.5%	3.5%	6.1%	TRUE	FALSE
12	MUS	Mauritius	86.5	2017	2019	cmr	3.2%	23.7%	20.5%	FALSE	FALSE
13	KOR	South Korea	86.4	2017	2019	asmr	-4.4%	-4.8%	6.7%	FALSE	FALSE
14	ITA	Italy	86.3	2017	2019	asmr	11.6%	5.2%	4.8%	TRUE	FALSE
15	AUS	Australia	84.9	2017	2019	asmr	-5.6%	-3.5%	3.7%	FALSE	FALSE
16	JPN	Japan	84.5	2017	2019	cmr	2.3%	7.9%	17.9%	FALSE	FALSE
17	BHR	Bahrain	84.3	2017	2019	asmr	11.3%	23.1%		FALSE	FALSE
18	NZL	New Zealand	83	2017	2019	asmr	-7.90%	-4.60%	2.3%	FALSE	FALSE
19	MYS	Malaysia	82.9	2017	2019	cmr	-5.2%	26.3%	11.2%	FALSE	FALSE
20	IRL	Ireland	81.8	2017	2019	cmr	-0.6%	5.8%	8.1%	FALSE	FALSE

How many countries achieved normal mortality levels with vaccination?

Improvement	0
Deterioration	20

☰ euronews. 👤 📺

🏠 > News > World > Portugal

Portugal has the highest COVID-19 vaccination rate in the world



By Euronews with AP
Published on 23/09/2021 - 09:35

☰ PORTUGAL resident 🔍



Portugal News

TAGS Portugal Portugal News

Portugal registers highest level of excess deaths in Europe

By **Natasha Donn** - 19th January 2024

Dumont Boy, 14, Collapses, Dies
Playing Basketball

By Jerry Delaney | 7/17/2021 11:58 AM



Treviso, Carlo Alberto died: the
12-year-old athlete suffering from
cardiac arrest during a race



Clayton middle school student dies
following youth football practice

PUBLISHED August 5, 2022 at 11:09 AM | UPDATED August 16, 2022 at 9:11 AM



“CAUSE UNKNOWN” THE EPIDEMIC OF SUDDEN DEATHS IN 2021 AND 2022

Student-athlete Cameran
Wheatley collapses during
basketball game, dies at
hospital

By Robert F. Kennedy Jr. | PUBLISHED February 7, 2022 | 10:30 AM EST | 10/31/2022



DAILY MAVERICK
OP-ED

Tragedy! – Young Hungarian
footballer dies on the field

New Leader | 10/30/2021 | Sport



ALABAMA
NATIONAL REVIEW

July 17, 2021 | 3,548 Views

Camilla Canepa, 18,
London UK, Died After
First Vaccine Dose



EDWARD DOWD

Hockey player collapses,
dies on field



FOREWORD BY

ROBERT F. KENNEDY JR.

AFTERWORD BY

GAVIN DE BECKER

BBC News Sport Real

WS Regions Birmingham

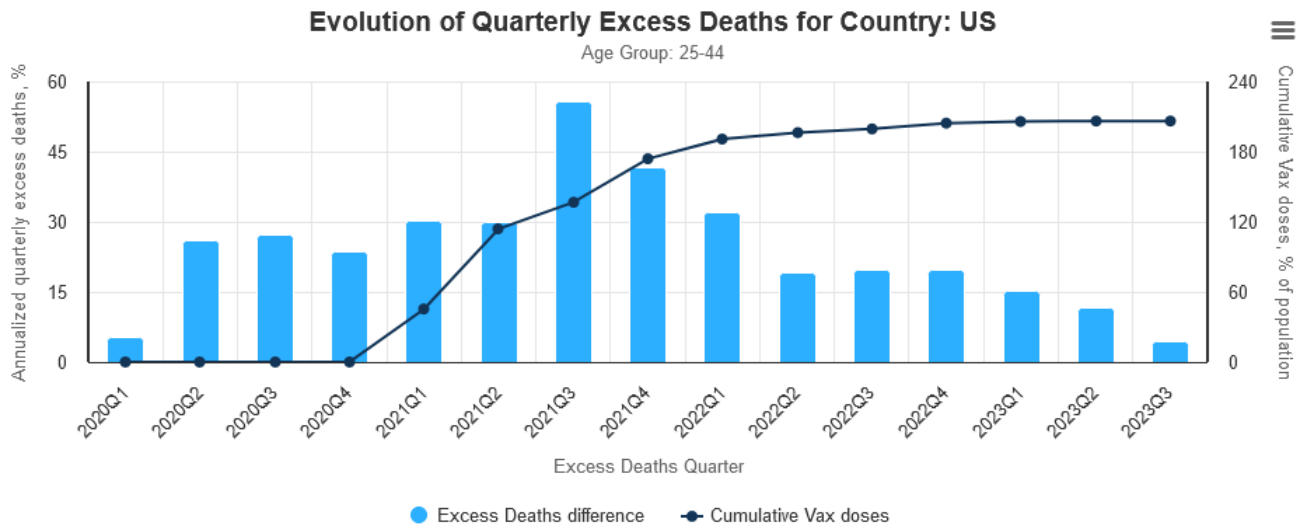
Boy, 13, dies after collapsing
at Nottinghamshire football
match

By Jimmy Hill | 10/30/2021



Quarterly Excess Death Rate Analysis

Quarterly excess mortality, from 2020 to 2023.



Highcharts.com

From Life Insurance data

Deaths
per day

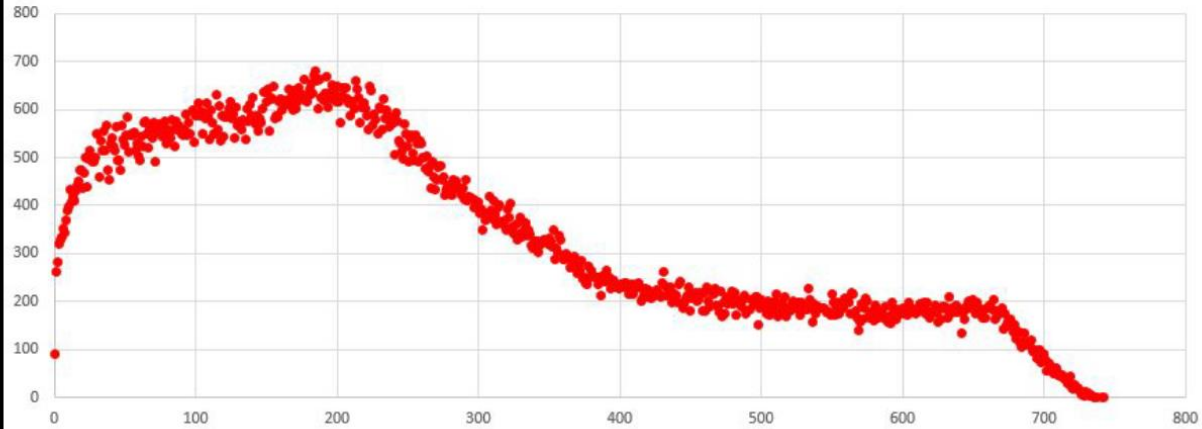
Medicare Data: Patients who received 2 COVID shots in 2021 Q1 and NO other COVID shots

Age \leq 80 Years

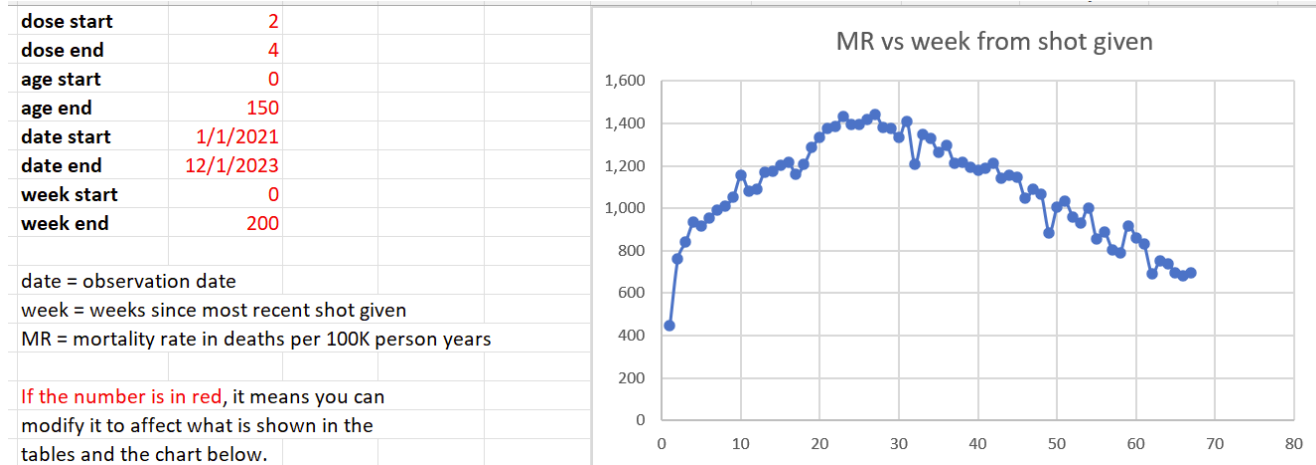
x-axis: # of days died after 2nd COVID shot

y-axis: # of deaths

(n=677,570)



Standardized Death in New Zealand



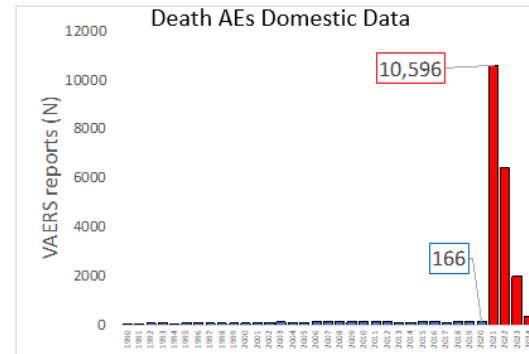
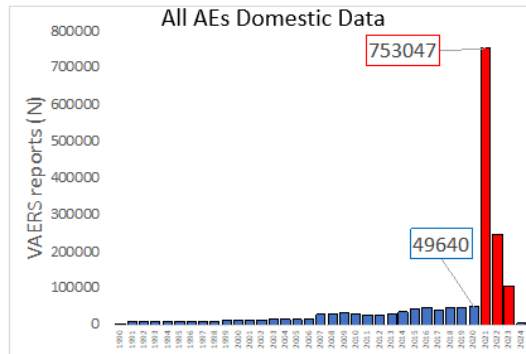
Vaccine Adverse Events Reporting System (VAERS) as of May 2024

1,627,132
Adverse Events

405,856
Serious Adverse Events

17,625
Myocarditis

38,559
Deaths

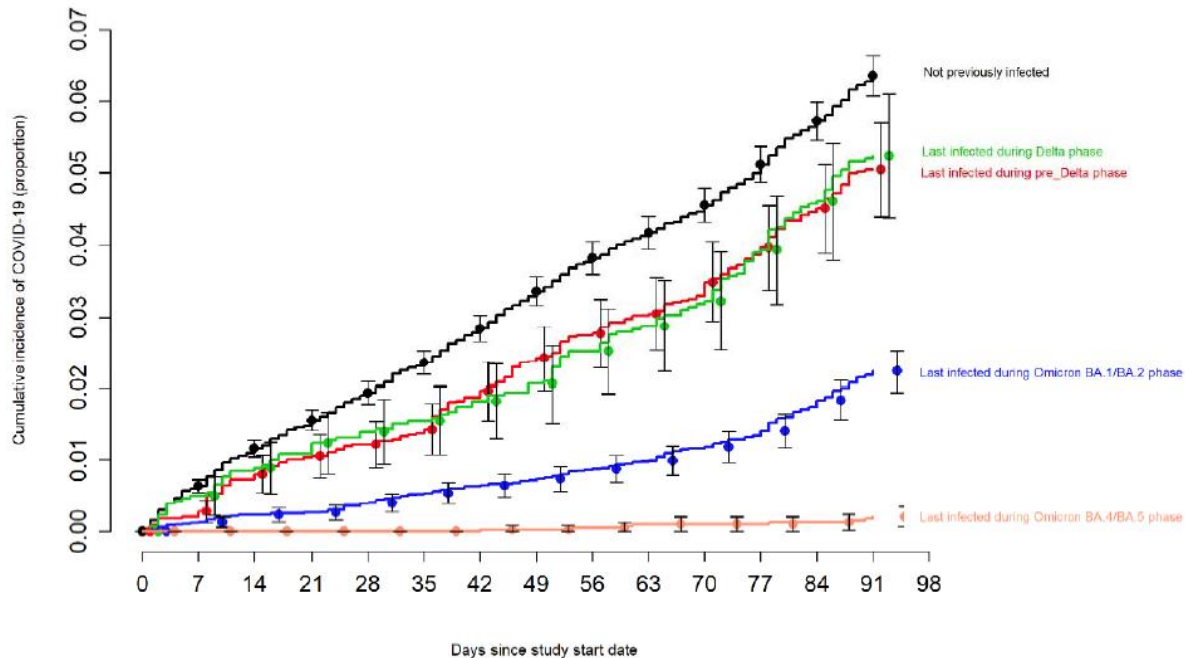


Jessica Rose, PhD

Underreporting by a factor of at least 30x

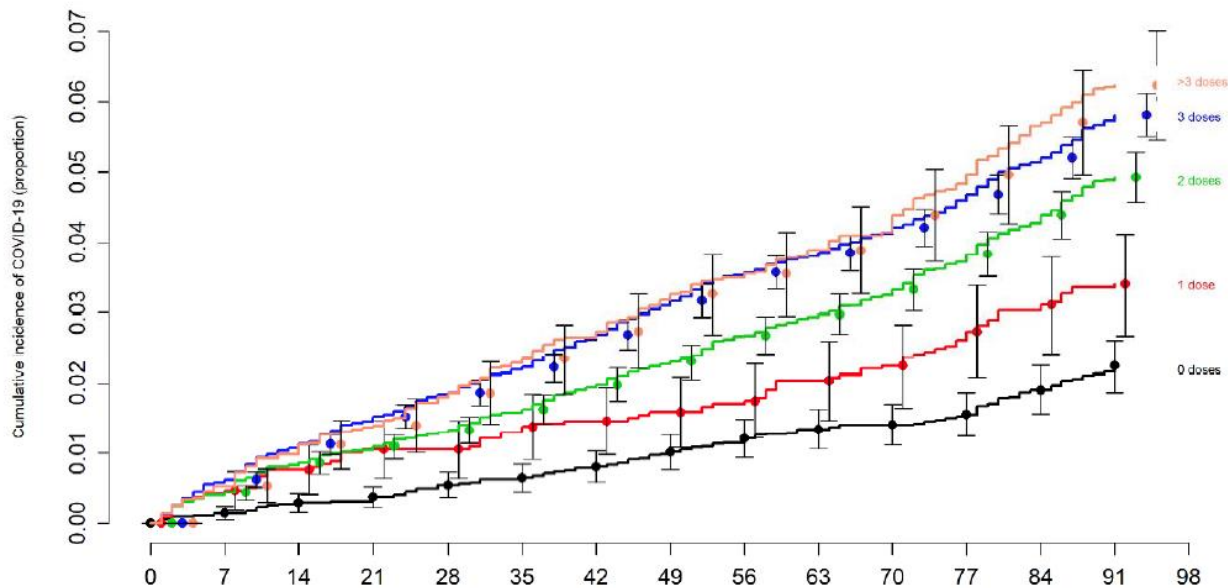
Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine

Effect of Natural Immunity

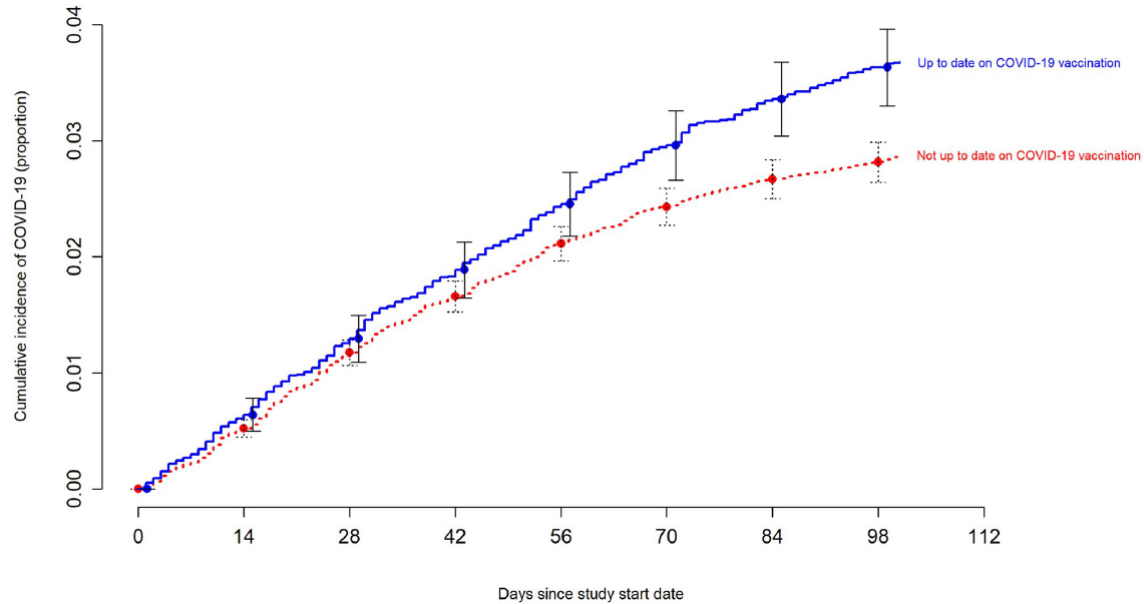


Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine

Effect of Previous Vaccination



Risk of Coronavirus Disease 2019 (COVID-19) among those up-to-date and not up-to-date on COVID-19 vaccination by US CDC criteria



-ve Efficacy of the “Vaccines”: NHS Data

COVID-19 vaccine surveillance report – week 36

Table 4. COVID-19 cases by vaccination status between week 32 and week 35 2021

Cases reported by week of specimen date between week 32 and week 35 2021	Total	Unlinked*	Not vaccinated	Received one dose (1-20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date	Rates among persons vaccinated with 2 doses (per 100,000)	Rates among persons not vaccinated (per 100,000)
Under 18	167,832	15,901	141,676	8,132	1,366	757	476.0	1,192.9
18-29	176,392	19,529	53,187	4,598	66,545	32,533	711.1	1,520.8
30-39	113,373	12,452	33,986	1,497	22,434	43,004	782.2	1,143.9
40-49	97,881	8,930	15,106	496	6,000	67,349	1,116.2	880.4
50-59	84,488	6,868	7,552	168	2,248	67,652	962.0	729.7
60-69	45,252	3,657	2,650	54	772	38,119	672.3	487.5
70-79	25,499	2,034	910	12	273	22,270	480.5	367.5
80+	12,011	1,124	545	9	246	10,087	391.1	427.4

*individuals whose NHS numbers were unavailable to link to the NIMS

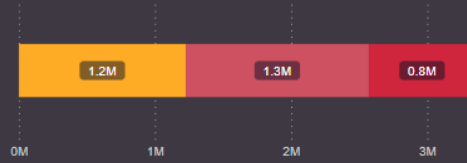
ONS stopped publishing data in 2023

Health Impacts

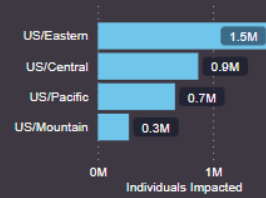
Symptoms

Adverse Health Impacts

● Unable normal activities ● Missed work/school ● Required medical care



Time Zones



3,353,110
Individuals Impacted

6,458,751
Health Impacts Reported

Impact Category

All

Vaccine Brand

All

Sex

All

Age Group

All

Time Zone

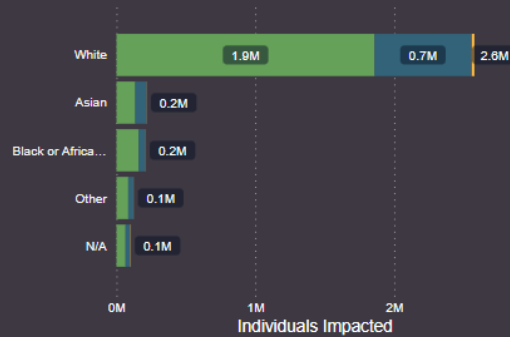
Search

Race

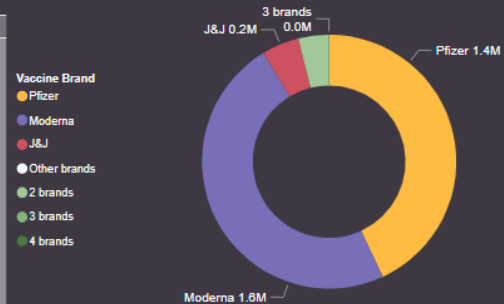
Search


Race and Sex

● Female ● Male ● Other ● Unknown



Adverse Health Impact by Vaccine Brand



A decorative horizontal bar with a gradient from red to orange is positioned above the text.

Percent of v-safe users 3 years and older reporting seeking medical care after first dose of Pfizer covid vaccine in succeeding time intervals:

Time Interval	Percentage Reported Seeking Medical Care
Days 1 to 7	.32%
Days 8 to 14	.67%
Days 15 to 21	1.06%
Days 22 to 28	2.88%
Days 29 to 35	4.96%
Days 36 to 42	6.93%

Court Orders CDC to Release Data Showing 18 Million Vaccine Injuries in America

39.9k
Shares



21.7k



15.8k



22



207



More than 18 million people were injured so badly by their first COVID shot from Pfizer or Moderna that they had to go to the hospital. That's according to the CDC's own internal data, which a court just ordered the federal agency to release to a watchdog group.

Instead of alerting the public to the incredible dangers of these shots and completely shutting down Joe Biden's mass vaccination mandates, the CDC covered up the info until it was forced to release. Everyone in a position of authority at the CDC should be fired for this. What good is a "public health" agency if it fails to alert the public that 8% of vaccine recipients are being hospitalized?

Top 10 Symptoms

Top 10 most common	
[Fatigue]	82.0%
[Exercise Intolerance]	76.3%
[Brain Fog]	71.5%
[Heart Palpitations]	64.8%
[Muscle Weakness]	63.2%
[Tingling (numbness) in Extremities]	63.0%
[Dizziness]	60.0%
[Muscle Aches]	59.4%
[Sleep Disturbances]	58.4%
[Joint Pain (Arthritic)]	57.6%

[Fatigue] - 82.0%
 [Exercise Intolerance] - 76.3%
 [Brain Fog] - 71.5%
 [Heart Palpitations] - 64.8%
 [Muscle Weakness] - 63.2%
 [Tingling (numbness) in Extremities] - 63.0%
 [Dizziness] - 60.0%
 [Muscle Aches] - 59.4%
 [Sleep Disturbances] - 58.4%
 [Joint Pain (Arthritic)] - 57.6%
 [Anxiety / Adrenaline Surges] - 56.9%
 [High Heart Rate] - 55.5%
 [Insomnia] - 55.5%
 [Shortness of Breath] - 55.4%
 [Nerve Pain] - 52.0%
 [New Persistent Headaches] - 50.5%
 [Feeling off balanced, or motion at rest] - 48.7%
 [Muscle Twitching] - 48.5%
 [Heaviness in Legs] - 47.6%
 [Memory Loss] - 45.6%
 [Tinnitus] - 45.2%
 [Severe Anxiety] - 44.2%
 [Visual Disturbances] - 41.6%
 [Abdominal/Stomach Pain] - 40.0%
 [Sound Sensitivity] - 39.0%
 [Nausea] - 37.9%
 [Frequent Urination] - 37.0%
 [Chills] - 36.3%
 [Muscle Loss] - 35.9%
 [Burning Sensation on Skin] - 35.6%
 [Light Sensitivity] - 35.0%
 [Heartburn, Indigestion] - 34.9%

Quality of Life



Bedbound
9%



Unable to Exercise
54%



Unable to Work
30%

"TURBO CANCER"



CCD.TV

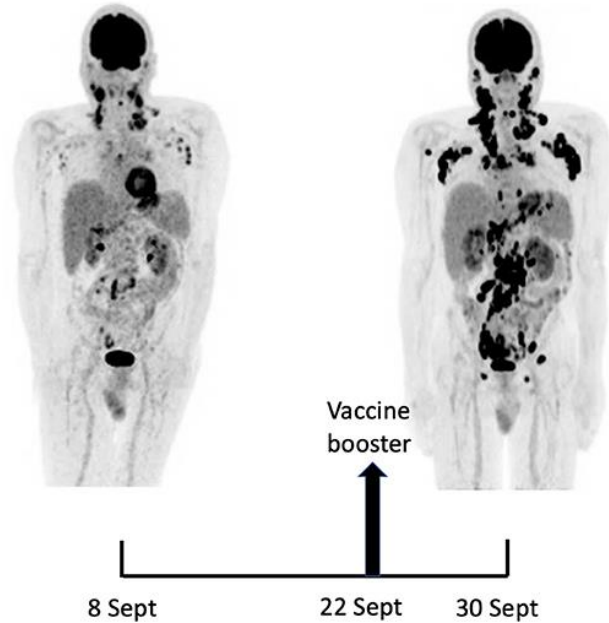
Dr. Ryan Cole

SARS-CoV-2 Vaccination and the Multi-Hit Hypothesis of Oncogenesis

Raquel Valdes Angues ¹ , Yolanda Perea Bustos ²

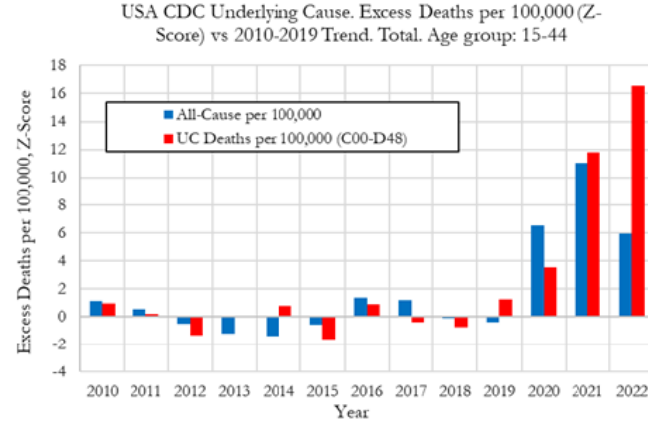
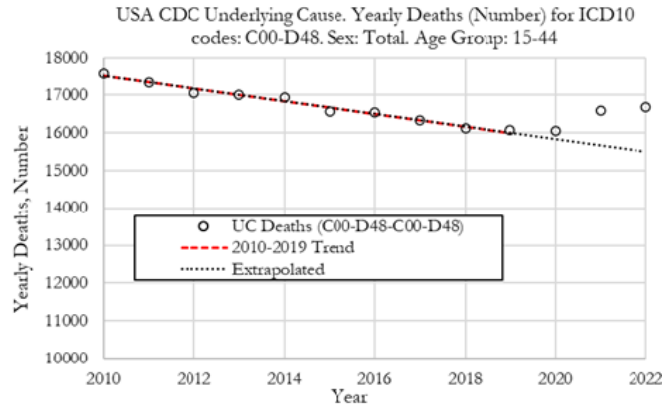
1. Neurology, Oregon Health and Science University School of Medicine, Portland, USA 2. Education, Generalitat de Catalunya, Barcelona, ESP

Rapid Progression of Angioimmunoblastic T Cell Lymphoma Following BNT162b2 mRNA Vaccine Booster Shot: A Case Report



US - Death Trends for Neoplasms ICD codes: C00-D48, Ages 15-44

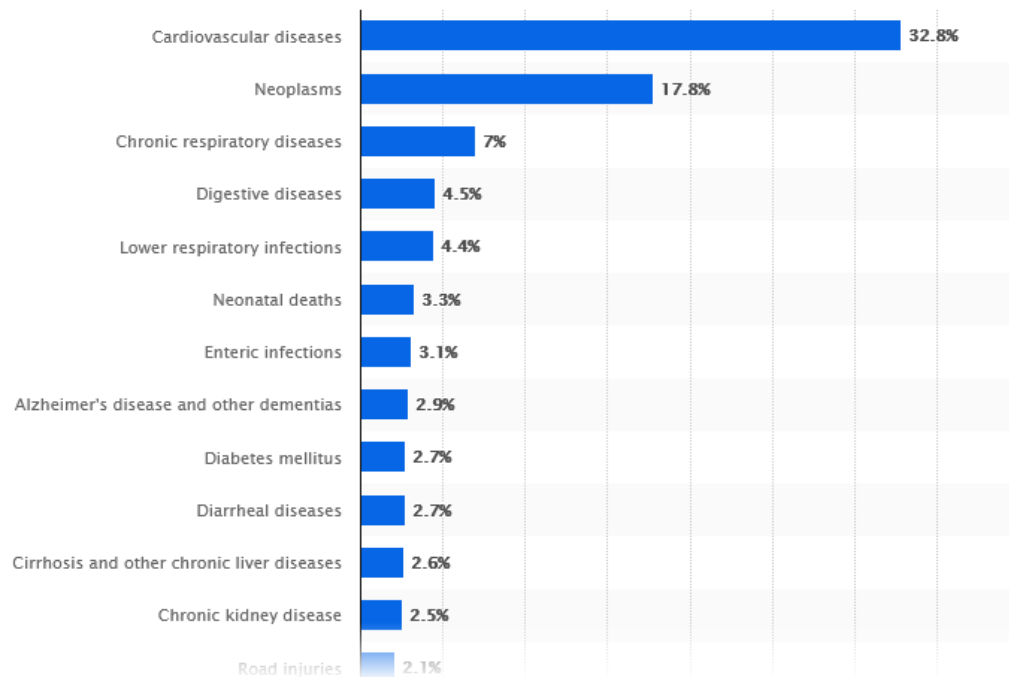
C. Alegria^{1,*} and D. Wiseman² and Y. Nunes^{1,3}



ResearchGate

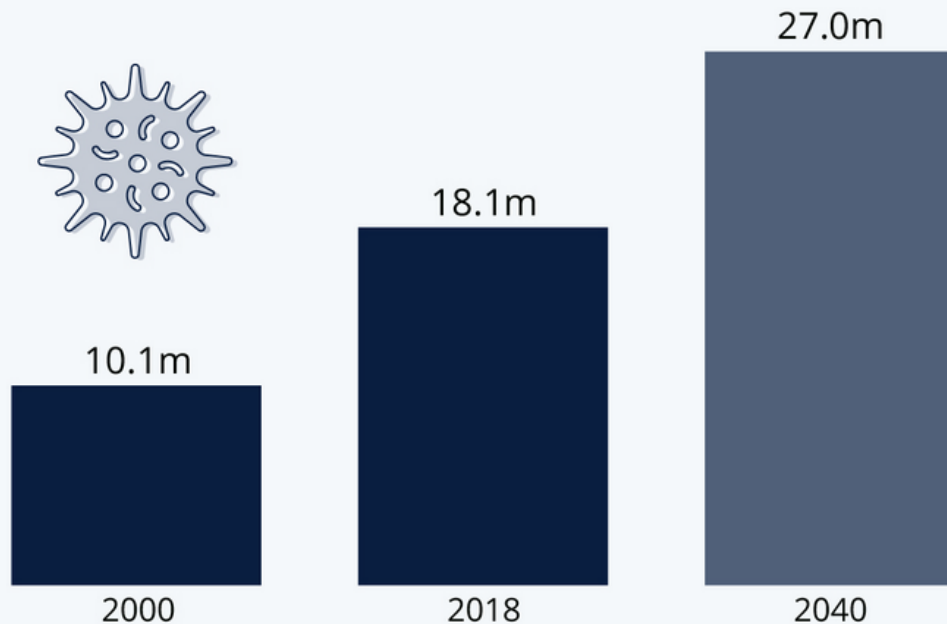
<https://www.researchgate.net/publication/378869803>

Distribution of causes of death worldwide in 2019



Global Cancer Burden Continues to Rise

Estimated number of new cancer cases globally per year



Source: International Agency for Research on Cancer



Public Law 92-218
92nd Congress, S. 1828
December 23, 1971

An Act

To amend the Public Health Service Act so as to strengthen the National Cancer Institute and the National Institutes of Health in order more effectively to carry out the national effort against cancer.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

The National
Cancer Act of
1971.

SHORT TITLE

SECTION 1. This Act may be cited as "The National Cancer Act of 1971".

FINDINGS AND DECLARATION OF PURPOSE

SEC. 2. (a) The Congress finds and declares—

(1) that the incidence of cancer is increasing and cancer is the disease which is the major health concern of Americans today;

(2) that new scientific leads, if comprehensively and energetically exploited, may significantly advance the time when more

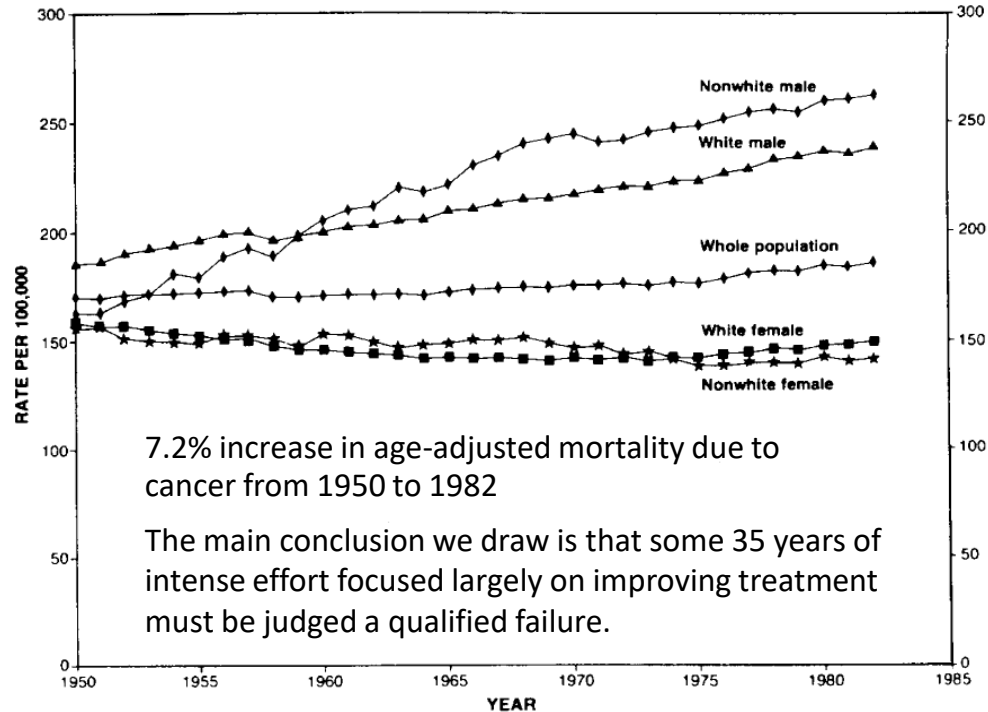
85 STAT. 778
85 STAT. 779

President Nixon declares *War on Cancer*
Launching a \$1.6 Billion Crusade

SPECIAL REPORT

PROGRESS AGAINST CANCER?

JOHN C. BAILAR III AND ELAINE M. SMITH



SPECIAL REPORT

CANCER UNDEFEATED

JOHN C. BAILAR III, M.D., PH.D., AND HEATHER L. GORNIK, M.H.S.

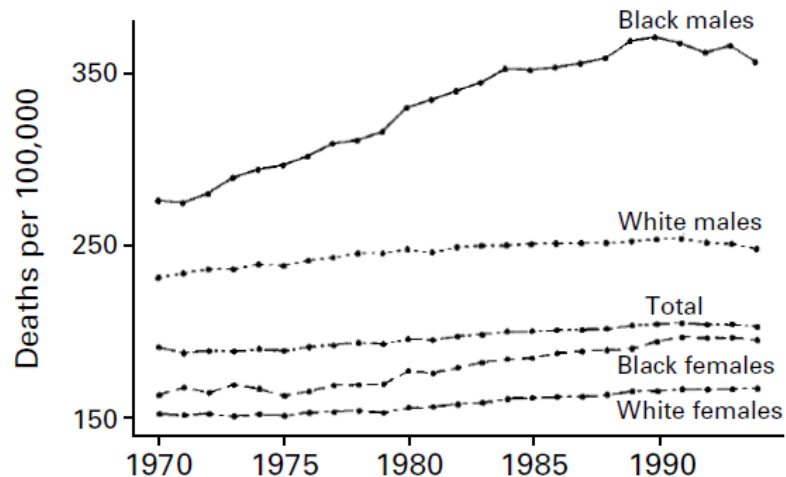
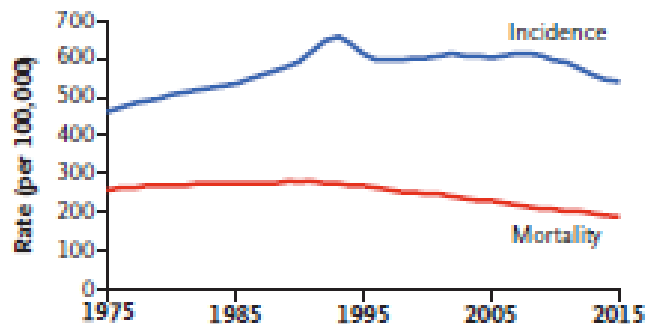


Figure 1. Mortality from All Malignant Neoplasms, 1970 through 1994, in the Total U.S. Population and According to Race and Sex. The rates have been age-adjusted to the U.S. resident population of 1990.

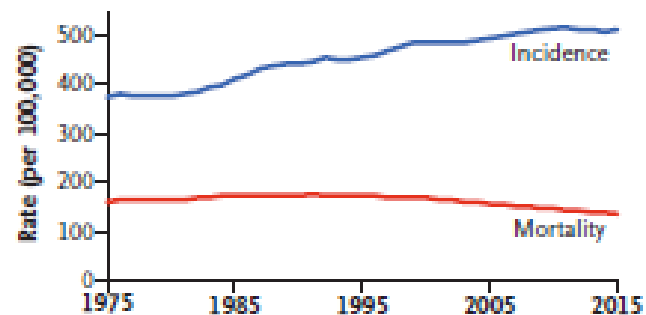
Age-adjusted mortality due to cancer in 1994 was 6.0 percent higher than the rate in 1970

Epidemiologic Signatures in Cancer

A All Cancers, Men



All Cancers, Women





ADVERTISEMENT

Elle Macpherson, 60, reveals secret breast cancer battle and why she refused chemotherapy despite being advised by 32 doctors



Cancer is a Preventable Disease

40-60 % of cancers are preventable.

- Tackle insulin resistance (40% of all cancers)
- Quit smoking
- Limit alcohol
- Get enough Vitamin D
- Avoid processed foods
- Avoid sugary drinks and pure fruit juice
- Get enough exercise (aerobic and resistance training)
- Stress reduction
- 8 hours quality sleep

Moving from this to this

Sickcare

- Reactive
- Diagnosed Illness, Injury, or Disease
- Only Occurs Post-Diagnosis

NIH



AMA



Pfizer



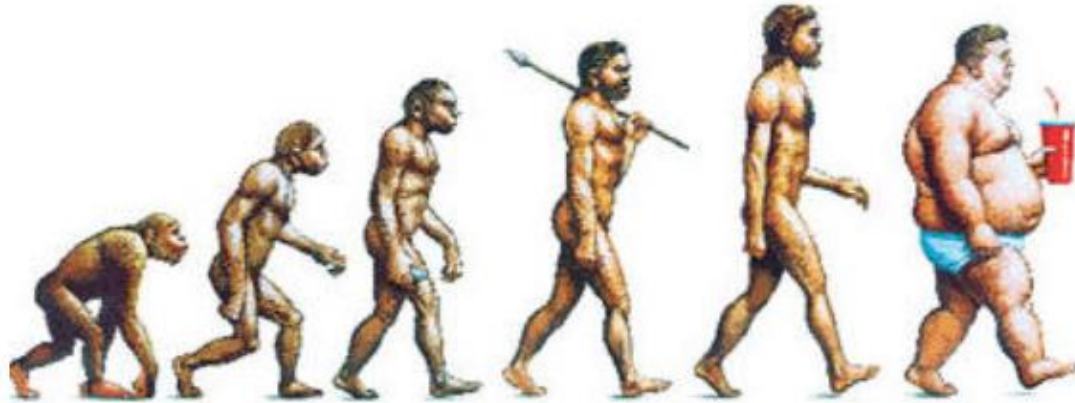
Wellness:
proactively creating true health and preventing disease



Health Care



Human evolution provides the best epidemiological studies on nutrition



Hunters and gatherers

Processed food
consumers

Americans spend

10%



OF THEIR DISPOSABLE INCOME ON
fast food.

Processed foods

MAKE UP
CLOSE TO

70%



OF THE
U.S. diet.

THE AVERAGE
American
CONSUMES

130 lbs

OF
sugar
PER YEAR.



MORE
THAN



1
3

OF
U.S.
ADULTS
ARE
obese.

In the
early
2000s,

60%

OF ALL
MIDDLE
SCHOOLS
AND HIGH
SCHOOLS



sold soft
drinks in
vending
machines.



PROCESSED FOOD ADDICTION

Foundations, Assessment,
and Recovery



Edited by
Joan Iffland
Marianne T. Marcus
Harry G. Preuss

 CRC Press
Taylor & Francis Group

10.17.2021
Newsweek

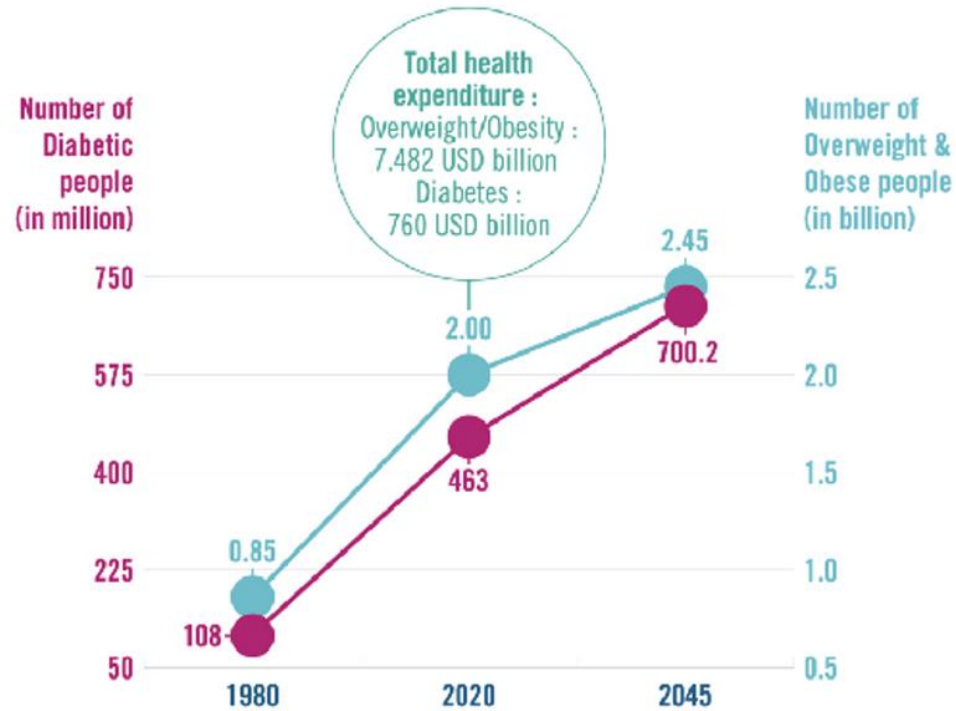
TOXIC

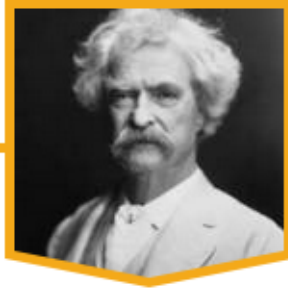


FOOD

YOUR MEAL SHOULD COME WITH A WARNING LABEL. **HERE'S WHY.**

WORLDWIDE INCIDENCE OF DIABETES AND OBESITY





“

“A little starvation can really do more for the average sick man than can the best medicines and the best doctors.”

Mark Twain

1835-1910

BENEFITS OF INTERMITTENT FASTING

Autophagy

Burn Fat & Lose Weight

Research shows that weekly fasting can trigger weight loss up to 8 percent and waist shrinkage of up to 7%, meaning that fasting is especially useful for losing belly fat.

Balances Insulin Levels

Increases HGH

(HGH) is a hormone made in the pituitary gland that leads to low levels of body fat and lean muscle mass. Initial research shows that fasting on a regular basis can boost the amounts your body makes, leading to improvements in your physique.

Reduces Inflammation

Chronic inflammation is a trigger for dozens of lifestyle diseases like strokes and heart problems, but intermittent fasting seems to keep inflammation in check by triggering your cells to break it down before it begins to build up.

Balances Blood Sugar

Enhances The Immune System

Reduces Risk of Chronic Disease

Scientific evidence shows that cutting your daily caloric intake by a third can extend your lifespan by over a decade, and intermittent fasting is an easy way to start cutting calories.



INTERMITTENT FASTING FACTS



BENEFITS OF FASTING:

- Triggers removal of damaged cells
- Triggers removal of damaged mitochondria
- Anti-oxidant
- Anti-inflammation
- Improves brain health



TALK TO A SPECIALIST IF:

- You are pregnant
- You are under 18
- You are diabetic
- You take medications
- You have an eating disorder
- You are underweight



TWO WAYS TO FAST:

- 5:2 (caloric fasting)
- 16:8 (timed fasting)



FASTING TIPS:



- Adopt fasting as a healthy lifestyle choice
- Stay hydrated
- Limit refined sugars
- Eat protein rich foods
- Eat quality foods
- Start small and build into it to maintain success
- Maintain balance in daily activities

5:2 FASTING

- Calorie based
- Eat normally 5 days
- Fast 2 days
 - 500 kcal for women
 - 600 kcal for men

16:8 FASTING

- Time based
- 8 hour eating period
- 16 hour fasting period



ADOPTING 16:8 INTERMITTENT FASTING

Begin slowly: start with an 11-hour eating window 5 days a week and reduce monthly to an 8-hour eating window 7 days a week

16:8 – time restricted



Make changes one month at a time to increase success and allow your body to adapt to the fasting schedule

A later eating window allows for less disruption in family dinner time

Make quality food choices when planning meals

Always consult a trusted healthcare provider or nutrition specialist before adopting diet changes



ADOPTING 5:2 INTERMITTENT FASTING

Begin slowly: Restrict caloric intake by reducing 1 day a week with maximum intake of 1000 kcal on that day

Make changes one month at a time, adding one additional fasting day with the same calorie restriction, then reducing caloric intake on fasting days

By the fourth month you will have reached the maximum fasting caloric intake on the fasting days

Make quality food choices when planning meals

Always consult a trusted healthcare provider or nutrition specialist before adopting diet changes

5:2 – calorie restricted

Month 1	1 day/week. Restricted eating to 1200 calories
Month 2	2 days/week. Restricted eating to 1000 calories
Month 3	3 days/week. Restricted eating to 750 calories
Month 4 (maximum)	4 days/week. Restricted eating to 500 calories

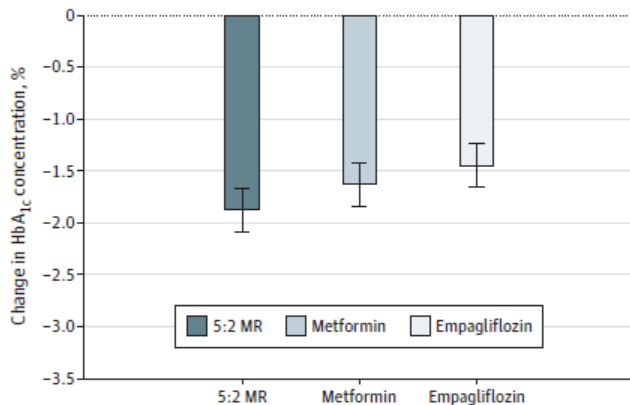




Original Investigation | Diabetes and Endocrinology

A 5:2 Intermittent Fasting Meal Replacement Diet and Glycemic Control for Adults With Diabetes

The EARLY Randomized Clinical Trial

A Change in HbA_{1c} concentration from baseline to 16 wk

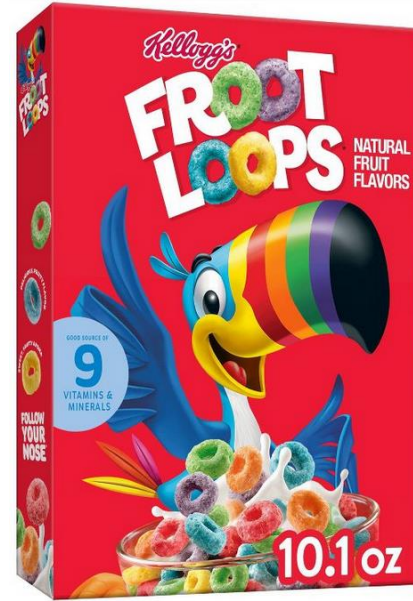
Conclusions

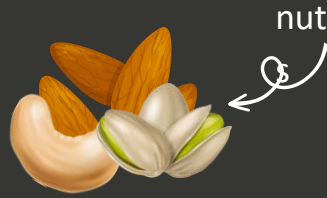
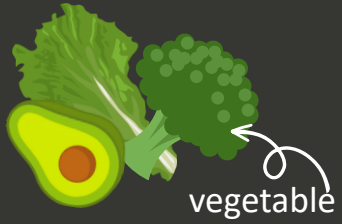
This randomized clinical study found that, for patients with newly diagnosed type 2 diabetes, a 16-week intervention with 5:2 MR could improve glycemic control and weight loss while also improving blood pressure, triglyceride levels, and HDL-C levels. Therefore, 5:2 MR may serve as an initial lifestyle intervention for patients with type 2 diabetes, providing an alternative to the use of metformin and empagliflozin medications.

HOW TO TREAT METABOLIC SYNDROME

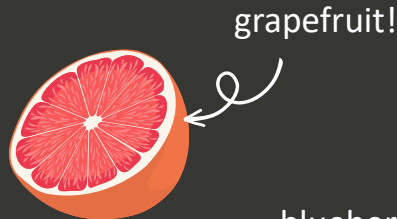
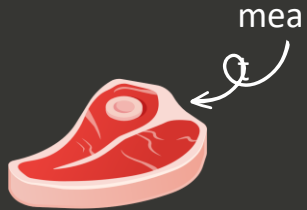
- Intermittent fasting/time restricted eating
- Low carbohydrate (ketogenic) diet
- Berberine (1000-1500 mg/day)
- Metformin (500 -1000 mg twice daily)
- Magnesium (100-400 mg daily)
- Melatonin (2 -10 mg slow/extended release nightly)
- Resveratrol (400-500 mg daily)
- Cinnamon (1-2g/day)
- Omega-3 fatty acids (1-4 g/daily)
- Probiotics with Bifidobacterium
- Reduce stress
- Exercise

Real Food vs “Processed Food”





what to eat





donut
s



chips
!

sweetened
yogurt

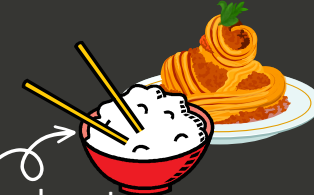


YOGURT



bagels,
bread,
pretzels,
tortillas

what not to eat



rice and pasta



cookies,
muffins,
baked goods



potatoes

fries



watermelon,
bananas

canned
fruit and
fruit
juice



Sunlight: An unrecognized Nutrient



Sunlight does not cause Melanoma

OPEN ACCESS Freely available online

PLOS ONE

Sunny Holidays before and after Melanoma Diagnosis Are Respectively Associated with Lower Breslow Thickness and Lower Relapse Rates in Italy

Sara Gandini^{1*}, Esther De Vries², Giulio Tosti³, Edoardo Botteri¹, Giuseppe Spadola³, Patrick Maisonneuve¹, Chiara Martinoli⁴, Arjen Jooisse², Pier Francesco Ferrucci⁴, Federica Baldini³, Emilia Cocorocchio⁴, Elisabetta Pennacchioli³, Francesco Cataldo³, Barbara Bazolli¹, Alessandra Clerici¹, Massimo Barberis⁵, Veronique Bataille⁶, Alessandro Testori³

Int. J. Cancer: 87, 145–150 (2000)
© 2000 Wiley-Liss, Inc.



Publication of the International Union Against Cancer

SUNSCREEN USE AND MALIGNANT MELANOMA

Johan WESTERDAHL^{1*}, Christian INGVAR¹, Anna MASBÄCK² and Håkan OLSSON³

¹Department of Surgery, University Hospital, Lund, Sweden

²Department of Pathology, University Hospital, Lund, Sweden

³Department of Oncology, University Hospital, Lund, Sweden

Thank you



National Tour
2024



Dr Andrew McIntyre



HOW DID WE GET HERE?

A personal view of the world today

Andrew McIntyre

@akmcintyre

Conflicts of Interest

- ▣ All statements based on
 - Best available scientific evidence
 - My clinical experience
- ▣ Practising Gastroenterologist
 - On Coast since 1990
 - Trained at PA Hospital/Canberra
- ▣ Pro Livestock bias



Medical Training

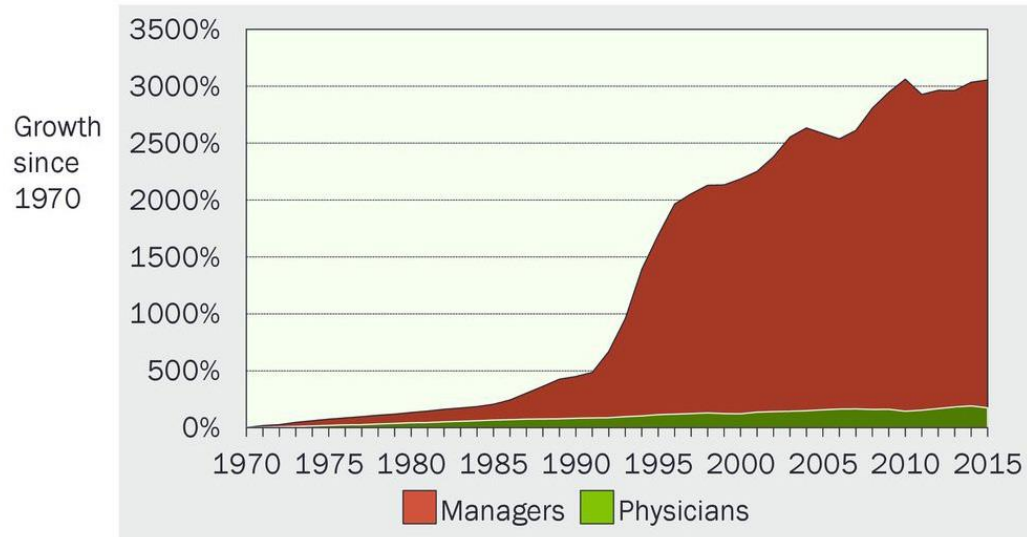
- ▣ Graduated 1983 – University of Queensland
 - Three preclinical years of basic science
 - No Guidelines
 - Pharma not yet “Big”
 - No anti-bullying culture
 - Asked hard questions!
 - No Pharma sponsored meetings
- ▣ Witnessed
 - Rise of “Blockbuster” drugs
 - H2 blockers, PPI’s, ACE inhibitors, Statins
 - Pharma sponsored meetings appeared in late 80’s
 - “Free” Current clinical practice delivered

Sunshine Coast Hospitals

- ▣ VMO at Nambour most of 90's
 - Initially under Hospital board
 - Established many services on Coast
- ▣ Gradual rise of “Generic management”
 - Initially Public system, now Private as well
 - Refused input to clinical/equipment choices
 - Legal directive not to complain internally!
 - Resigned from public system after decade
 - Private system gradually followed
 - Denial of admission of GI bleeds
 - No after hours endoscopy
 - Focus on profitable procedures
- ▣ GP after hours coverage sabotaged
 - Via \$250,000 Federal grant
- ▣ Loss of experienced VMO's in public system
 - Patients under a team vs single specialist
 - Loss of continuity of care

Correlation does not mean causation?

Growth of Physicians and Administrators in U.S.



Bureau of Labor Statistics; NCHS; Himmelstein/Woolhandler analysis of CPS
Managers shown as moving average of current year and two previous years

Pre Covid state of play

- ▣ No individual GP After hours
 - Compliance required use of AH doctor service
 - House calls a rarity
 - Practice amalgamations – little continuity of care
- ▣ Doctor training “Improved”
 - Pre-clinical years often dropped
 - Extensive use of guidelines
 - ▣ Quality metrics for prescribing compliance
 - “Anti-bullying” culture
 - ▣ Hard questions not allowed
 - No confidence to make any decision outside Guidelines
 - ▣ Evidence they are wrong ignored until guideline updated
 - Virtually all education “sponsored” by Pharma
- ▣ Pharma patents running out!
 - Move to biologicals underway

One of many editors opinions

We cannot trust much of the published literature

“Much of the scientific literature, perhaps half, may simply be untrue. Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, science has taken a turn towards darkness.”

-Dr. Richard Horton,
Editor-in-Chief, The Lancet,
the world's most respected
medical journal



My Personal Journey

- ▣ Stopped seeing drug reps last century
 - Questionable patent approvals
 - Patents granted for Isomers!
 - Drug reps held power of sponsored meetings
 - Psychological profiling/manipulation
- ▣ A decade ago – Challenged by Daughter
 - “Sugar is a drug” - “No empty calories”
 - Some research to prove her “wrong”
 - Led me down low carb (LCHF) rabbit hole
 - Processed food is the root cause of most of modern ills!
 - Witnessed Public health ignoring evidence
 - Type II diabetes reversal suppressed
 - AHPRA action over Low Carb diets
 - Eventually challenged and reversed

Processed food is the problem

- ▣ NAFLD unknown before 1980
- ▣ 800% increase in diabetes since 1960
 - Virtually unknown in 1900
 - Heart Attacks extremely rare in 1900
 - Dementia rare in 1900
- ▣ Vegetable Oils invented in 1880s
 - 70% of US calories today
 - In virtually all processed food
- ▣ 70% US adults have T2D or prediabetes
- ▣ 18% US teenagers have NAFLD
- ▣ 40% US teenagers have Mental Health diagnosis
- ▣ Low fat diets supported by Public Health starting 1980
 - Low fat foods are processed foods
 - Demonization of Animal fats
 - Attempts at regulatory attacks have failed because of evidence
- ▣ Low carb (LCHF) diets exclude processed food
 - Up to 60% diabetes reversal at 1 year
 - Cardiovascular risk factor reductions proven
 - Blood pressure, reflux and Irritable bowel improvements

Covid Arrives!

- ▣ Initial Images very concerning
 - Fear ramped up
 - Advised Day Surgery could be treatment centre
- ▣ Intensive research
 - Clearly not the high case fatality rate suggested early
 - Very age dependent
 - Appeared to target poor metabolic health
- ▣ Covid failed to appear here initially
 - Only appeared after vaccine boosters/open borders?
 - Intensive research continued
 - Public health messaging seemed inaccurate?
 - Excess deaths appeared before Covid arrived
 - ▣ They continue (based on old methodology)

Public Health messaging

- Ivermectin showed much promise – exciting?
 - Australian lab evidence
 - 20 positive (small) trials
 - Positive meta-analysis




On Ivermectin

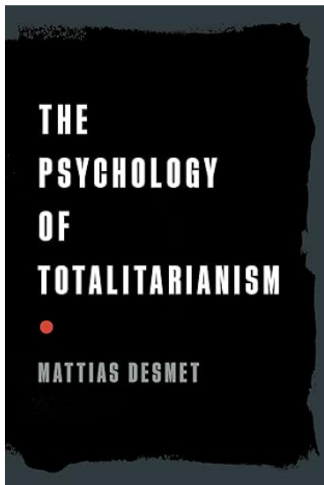
- ▣ Off label Prescription is now legal
- ▣ Can be made by compounding Pharmacies
 - \$80-100 for 100 12mg tablets
- ▣ No large studies will be funded – ever
 - Anecdotes/experience are right brained!
- ▣ Safety has been established
 - No successful overdoses
 - 4 Billion+ human doses
- ▣ Many mechanisms of action
- ▣ Patients have a right to try (off label) legally approved drugs (with informed consent)
- ▣ Good anecdotal evidence for useful response in post vaccine issues and some cancers, anti-inflammatory properties

Something is not Right?


- ▣ Vaccine only solution
 - No successful corona virus vaccine in past
 - Risk of ADE
 - What's this mRNA thing?
 - ▣ OMG - its experimental
 - Impression that rollout was reckless
- ▣ OMG they are mandating it
 - Did not work for 11 months
 - ▣ Much progress on the farm however!
- ▣ Someone has cast a spell on the population??
 - How could this happen and why?
 - A few clues to follow

Mattias Desmet: The Psychology of Totalitarianism

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 Audible sample

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Mattias
Desmet

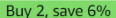
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by [Mattias Desmet](#) (Author)

4.7  1,395 ratings

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The world is in the grips of mass formation—a dangerous, collective type of hypnosis—as we bear witness to loneliness, free-floating anxiety, and fear giving way to censorship, loss of privacy, and surrendered freedoms. It is all spurred by a singular, focused crisis narrative that forbids dissident views and relies on destructive groupthink.

Desmet's work on mass formation theory was brought to the world's attention on The Joe Rogan Experience and in major alternative news outlets around the globe. Read this book to get beyond the sound bites

Totalitarianism is not a coincidence and does not form in a vacuum. It arises from a collective psychosis that has followed a predictable script throughout history, its formation gaining strength and speed with each generation—from the Jacobins to the Nazis and Stalinists—as technology advances. Governments, mass media, and other mechanized forces use fear, loneliness, and isolation to demoralize populations and exert control, persuading large groups of people to act against their own interests, always with destructive results.

In *The Psychology of Totalitarianism*, world-renowned Professor of Clinical Psychology Mattias Desmet deconstructs the societal conditions that allow this collective psychosis to take hold. By looking at our current situation and identifying the

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Mass formation




THE
PSYCHOLOGY
OF
TOTALITARIANISM

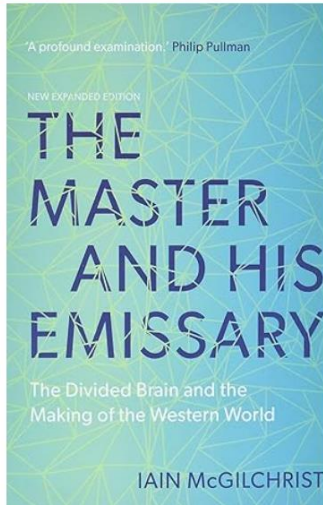
MATTIAS DESMET

"Mass formation is, in essence, a kind of group hypnosis that destroys individuals' ethical self-awareness and robs them of their ability to think critically. This process is insidious in nature; populations fall prey to it unsuspectingly. To put...

tucker
carlson
today

Dr Iain McGilchrist – The divided brain

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Paperback – Illustrated, 14 February 2019

by Iain McGilchrist (Author)

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A pioneering exploration of the differences between the brain's right and left hemispheres and their effects on society, history, and culture—"one of the few contemporary works deserving classic status" (Nicholas Shakespeare, *The Times*, London)


"Persuasively argues that our society is suffering from the consequences of an over-dominant left hemisphere losing touch with its natural regulative 'master' the right. Brilliant and disturbing."—Salley Vickers, a *Guardian* Best Book of the Year

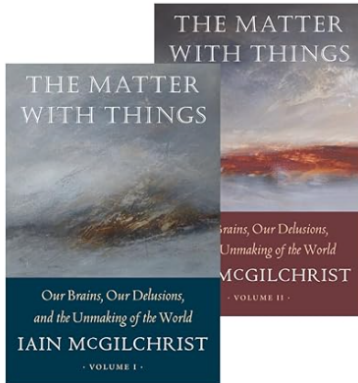
"I know of no better exposition of the current state of functional brain neuroscience."—W. F. Bynum, *TLS*

Left Brain thinking

- ▣ Designed to apprehend rather than comprehend
 - Hemispheric difference in Sea Anemone
 - Simplistically
 - ▣ Left hemisphere for feeding
 - ▣ Right hemisphere scans for danger
- ▣ Simple Models, contrary evidence ignored
- ▣ Home of anger and disgust
- ▣ Delusional - Right brain hypofunction in Schizophrenia
- ▣ Mechanistic thinking
- ▣ Breaks everything down to simple models
- ▣ Rigid rules/bureaucratic
- ▣ Narcissistic
- ▣ Rejection of experience

A Deep Dive if you are game

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The Matter With Things: Our Brains, Our Delusions, and the Unmaking of the World

Paperback – 1 March 2023

by [Iain McGilchrist](#) (Author)

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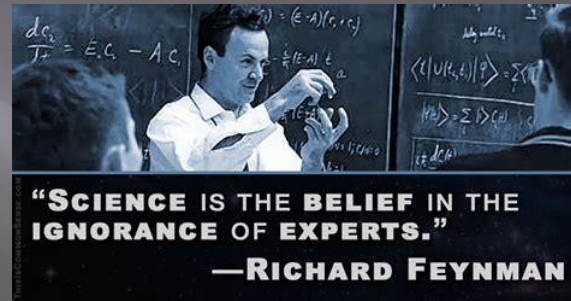
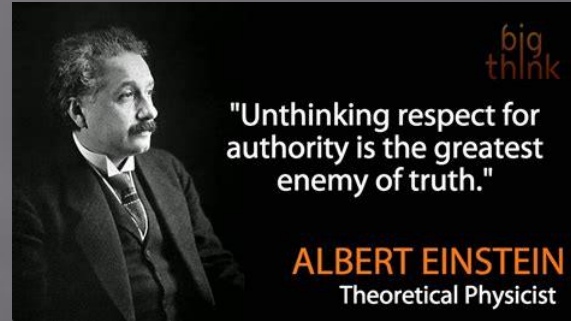
In this landmark new book, Iain McGilchrist addresses some of the oldest and hardest questions humanity faces - ones that, however, have a practical urgency for all of us today. Who are we? What is the world? How can we understand consciousness, matter, space and time? Is the cosmos without purpose or value? Can we really neglect the sacred and divine? In doing so, he argues that we have become enslaved to an account of things dominated by the brain's left hemisphere, one that blinds us to an awe-inspiring reality that is all around us, had we but eyes to see it. He suggests that in order to understand ourselves and the world we need science and intuition, reason and imagination, not just one or two; that they are in any case far from being in conflict; and that the brain's right hemisphere plays the most important part in each. And he shows us how to recognise the 'signature' of the left hemisphere in our thinking, so as to avoid making decisions that bring disaster in their wake. Following the paths of cutting-edge neurology, philosophy and physics, he reveals how each leads us to a similar vision of the world, one that is both profound and beautiful - and happens to be in line with the deepest traditions of human wisdom. It is a vision that returns the world to life, and us to a better way of living in it: one we must embrace if we are to survive.

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What can you do?

- ▣ Speak truth
 - Free speech not yet outlawed!
- ▣ Tell stories
- ▣ Humour
- ▣ Music
- ▣ Art
- ▣ Documentaries
- ▣ Field of the Fallen
- ▣ Support politicians who care
- ▣ Presenting Evidence of limited use

If science cannot be questioned, and debate is denied. If facts are withheld, it isn't science anymore, it's propaganda



Think carefully before you suppress debate!

National Tour
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Dr Melissa McCann





National Tour
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Concluding Remarks

Kara Thomas

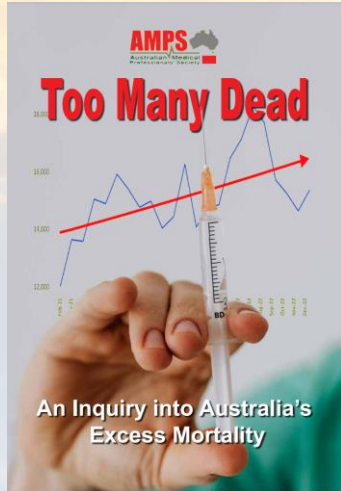
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COVID Revisited
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Challenges Faced, and
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