

Evidence for Premeditated Murder – Stiftung Corona Ausschuss OVALmedia

Wed, 1/12 11:25PM • 2:12:27

SUMMARY KEYWORDS

vaccines, batch, products, people, adverse events, inaudible, virus, lies, dose, pfizer, person, called, drug, manufacture, means, number, wolfgang, vaccinated, companies, world

SPEAKERS

Reiner Fuellmich, Mike Yeadon, Viviane Fischer, Robin Monatti, Dr Wolfgang Wodarg

Reiner Fuellmich 00:00

Hi, Mike, we've spoken only a couple of days ago, and as a result of you and some other scientists taking a closer look at the so called lots or batches, which as you describe it, and this is our legal analysis as well, is compelling evidence for premeditated mass murder. You had prepared a presentation, which we never looked at, but do you have it with you now?

Mike Yeadon 00:25

I don't on my end, but what I'd like to do, briefly, Reiner is just for those who haven't seen me before, I want to establish my credentials, and push back a little bit on some criticisms I've had, and then just step through what I have observed happening, because of the, as it were, from a scientific perspective, and then say what I think is happening, and there are a couple of bits of evidence. So now I will just like set the ground rules for 10 minutes or so.

Reiner Fuellmich 00:53

Sure.

Mike Yeadon 00:54

And then yeah, I wanna go into the very alarming results of analysis of the VAERS data as it pertains to the the vaccine lots, and I've got a lot to say about that. So maybe, maybe Corvin would be able to find that short presentation that I sent, I think for Wednesday's discussion, maybe we can throw that up, if not maybe append it to this recording, or however you normally do show notes or whatever they call it. Okay, well, thank you for the opportunity again to speak to you, Reiner, I think I mentioned when we spoke, I think in the summer that what your team is doing is, of course, completely unique. I don't think there's anywhere else on the planet that spoken to between one and 200 experts each in their fields and recorded an hour or more of their analysis of the situation, so, you know, hopefully, in combination, it's gonna make sense. So, yeah, so I'm Dr. Mike Yeadon. I describe myself as an industry veteran, I've worked in the bio pharmaceutical industry for all my life. My first degree was biochemistry and

toxicology. English people don't like to brag, but I'm told I should I was top of the Year by a very long way. As an undergraduate, I worked under military clearance at Porton Down. That's the equivalent, I guess, of Fort Detrick. It's where the UK military develops its so called chemical defences. And so I was under the Official Secrets Act, they must have thought I wasn't a crazy person at the time. I also worked for six months at the Police Forensic Service headquarters in Aldermaston. So I learned a lot about analytic techniques in that time. Then I did a research based PhD in respiratory pharmacology. And then after that, I jumped into industry. I had seven years, seven happy years at the Wellcome research labs before they closed after being acquired by Glaxo. So my career spanned the consolidation phase of pharmaceutical companies, and we call it the dirty snowball, you know companies became absolutely huge. And that's relevant to what's happening today. They are so large, so powerful.

Mike Yeadon 03:17

So after that, I went to Pfizer in the UK, at their very famous sandwich Kent research base. I think more drugs were blockbuster drugs were discovered and released from that lab than any other single establishments on the planet. I wish I could claim I had anything to do with it, but I didn't. But what it did do is give me the opportunity to learn, as it were at the knee of great drug discoveries, people who actually conceive, you know lead programmes, invented molecules, developed them, gone through safety testing and launched them, and then they're all made more than a billion a year thereafter. So it's a really good place for learning this trade. At Pfizer, I left in 2011 having been head of respiratory research worldwide. So I was their chief scientific officer for that therapy area, allergy and respiratory. I left because they closed the site in 2011. I played an important role, I think, in helping some of those programmes and some staff moved to new homes. So the world's second largest generics company, Milan, acquired some space on that research park and hired many of my former colleagues. And obviously, I didn't do the deal, but I had I think something to do with pitching it to the company.

Mike Yeadon 04:39

Over the next ten years to today I've been a consultant to start up and mid phase biotech companies, some are now public, others privately held. And that's about 30 companies, mostly in the field of respiratory or inflammation, immunology, that kind of thing. And in the middle of that ten year period, I had the opportunity to start my own biotech company with three other colleagues and to raise some money through private venture capital, and to acquire some compounds from my former portfolio because Pfizer was closing the site down and indeed shrinking its footprint. That was quite a common model ten years ago. So that's me, I think, I have the broad biological discipline and understanding necessary for doing research. So that's understanding disease and mechanisms well enough to contemplate intervention points that could help slow down our disease or ameliorate symptoms, and to do so safely, that was always the number one watchword.

Mike Yeadon 05:42

So some people have said, you know, why are you speaking out? And you know you're a crazy person, whatever. The three things I would say, most commonly attributed to me, which are not true, but I will take them. He's a bitter ex-employee. Well, you know one I left ten years ago, I don't hold a grudge, certainly not for ten years. Secondly, Pfizer, and I got on really well, I would say to this day that it's the best employer I ever worked for. It's a fantastic place to work for the reasons I described. Something's gone wrong since obviously, but I was unhappy that I had to leave. They were very good to me. I was

one of the last employees off the site because I was helping place people on projects, so that doesn't sound like a bitter person. They also treated me very well in terms of redundancy, because I was a vice president, and they tried to do that. And then as I've said, a year after leaving, I came back with money and a lawyer and did the deal with them. And then two years later, they put additional capital in. That doesn't sound like we're getting on badly. And in 2017, when Novartis acquired Ziarco, my biotech, they made an undisclosed sum that I would say made them very happy. You know, they definitely did a good deal. So that was five years ago. And I've have no interaction with them since. So no, I'm not bitter, and I was very lucky to make some money. That's what has allowed me to be independent, by the way.

Mike Yeadon 07:07

Others have said, I'm seeking fame. Well, no, despite the fact I can appear on TV or on camera, I'm actually, by nature quite a shy person. If you left me to my own devices. I've been tinkering with motorbikes in a shed probably. That's what I like to do. And others say, well he's making money. No, there's not a single thing I've ever done that is so called monetized. And indeed, I've probably lost hundreds of thousands of pounds being thrown off scientific advisory boards of former clients, when they said you've become the story and it's not acceptable, which I understood. So it's costing me money. It's hurting my reputation. And I had every reason just to stay at home and enjoy my early retirement.

Mike Yeadon 07:51

No, the reason I'm speaking out, is because I noticed, advisors to the UK Government, lying directly on television. And first it was just kind of fascinating, but through the spring, and into the summer of 2020, I became first alarmed, and then later in the year frightened. And I still remain frightened. Why? Every country in the world had what was called a pandemic preparedness plan for things like this, or influenza more typically. And I read them, I read all of them, maybe twenty from G20 countries plus the WHO, and in essence, they have only two things to recommend. One, if you are symptomatic, please stay home and away from other people until you're better. And that's because we've known for decades that symptomatic people drive respiratory viral infections, they're epidemics. And the other measure was wash your hands more frequently than usual, because with any new pathogen we don't understand transmission properly, so that's a good precaution. The next nine pages that these pandemic plans involved telling us what they shouldn't do. None of them involved border closures, unless you lived on a small island, school closures, business closures, mass testing of the well, lockdown, masking, or anything like that. None of them. Absolutely, all of the things that we have been told are essential were missing and explicitly ruled out by the previous plans.

Mike Yeadon 09:25

So I'd say the strongest evidence I can offer for my assertion that there is a supranational plan to take over all of the liberal democracies is this, that all the countries had somewhat similar pandemic preparedness plans that were very simple, and they all discarded them in the weeks of March 2020, all of them, and they replaced them with the same narrative scripts, and I'll just describe them, and I call them the eight COVID lies. Every single one of them is an untruth. And I think the objective was to frighten people to death and I think it worked. So how could it possibly be that Germany, Italy, the United States, Iceland, Scandinavian countries have all got the same bunch of wrong information all at

the same time. And I put it to you, ladies and gentlemen of the audience, there's only one way that can happen and that's if they all agreed to do it beforehand, really. And so these lies, I'm not going to take a lot of time on them today, because there was a very long recording with the programme called Highwire with Del Bigtree about a year ago, and I go through them in painful detail.

Mike Yeadon 10:36

But what did they say? Well, they told us things like, this is an extremely lethal virus, if you catch it and get ill, you really could die. And remember the falling man face down in Wuhan. It's never happened anywhere else. It's pure theatre. And it turns out that it's not a particularly lethal virus, if it exists at all it's about the same as a bad seasonal influenza. They use PCR testing repeatedly off swabs up noses and throats, and led you to believe that these were highly accurate and could distinguish a clinically infected person from something that's not. And even the inventor Kary Mullis, who's died, won a Nobel Prize for this technique saying you should never use it for this purpose. So I won't waste any more time but they are still using these damn tests, and they're not reliable. They don't tell you anything. Really. They also say you should wear masks, but masks have been extensively studied. Cloth masks, if anything, make you more likely to catch an unusual bacterial pneumonia because you're breathing through a filthy cloth and the blue medical masks, they're not masks actually, they're splash guards. Their purpose in hospitals, is to stop blood and bodily fluid going into the nose and mouth of the attending healthcare worker. They've never been for filtering your breath and obviously they don't do so. But they told you to wear masks and I think the purpose certainly in me, it causes anxiety. I feel really awful wearing these things. Then they introduce lockdowns where you were all to stay at home, mostly unless you were a poor manual worker and then you had to go out to work. But the intelligence here pretty much got paid to stay at home for fairly long periods of time, three months initially, in case of Britain. Lockdowns, they told us would slow the spread of transmission of this virus and lots of people thought it must obviously be so because the disease spread from person to person. But it didn't chime with me. And I'm embarrassed to say it took me months to realise why they wouldn't work. And it comes to this next lie. The idea of asymptomatic transmission, that you could be bearing the virus in your airways yet have no symptoms, but nevertheless be able to spread enough of the stuff to infect a person nearby. That's not true. That's a flat lie. And whenever a scientific adviser, a medical adviser to a government tells you things like asymptomatic transmission, I want you to know that they're not mistaken, they're lying because it's been studied and it's simply not true. And I can append a link to the notes for this programme, which is an accumulation of statements by Fauci, a WHO doctor, and other people, actually including me, goes through this argument. So if asymptomatic transmission doesn't occur, and I am certain it's epidemiologically irrelevant, I'm not saying it never occurred, but it's irrelevant, if it's irrelevant why do you need to wear masks if you're well? Why would you need to test somebody who has not got symptoms? Why would you need to close your business, or your school, or the economy?

Mike Yeadon 13:40

So again, they've lied to you with the objective of both frightening you, and I think also learning from financially experienced people, the other objective was to begin to destroy the economy and the sovereign currencies. And I think that's a continuing objective. They also lied to us and told us that there were no treatments for this respiratory viral infection. And I will take my hat off to Dr. Peter McCullough as a leader, but he's representative of very many brave physicians who push back on this nihilism. And they have determined half a dozen really quite good therapies used progressively. So

early on you want to treat replication, in the middle phase inflammation, and then the terminal phase coagulation. And if you understand this multi phase infection, you come to the conclusion which is mine, that this is the most treatable respiratory illness ever. It's really quite surprising, but the use of those treatments are denied almost all around the world to the extent that people will be fined or even struck off as physicians. There's another lie there. And then they would say things like, well we're not sure when you've had if you've become immune. Well, I would say immunology 101 tells you that that's simply not true. We know that the view for all understanding would be, once you've shrugged off this virus, you will have taken high resolution pictures of it as it were using your immune system. And if you see it again, or something related to it like a variant, you will be, you will not get clinically ill, not for months, possibly many years. So that's another lie. And then the final one, and we'll come back to this, is that vaccines are safe and effective. But that's a whole other story.

Mike Yeadon 15:29

So I've said that the evidence of a supranational plan is the discarding of simple, well established pandemic preparedness plans and replacing them with this bunch of lies. And all the countries did it. And if someone would like to write to me with an explanation, an innocent explanation for this, I'd love to hear it. I want to be wrong, but unfortunately, I don't think I am. So if the motive is fear, I think the ultimate aim is control, and we will come onto this. The control mechanism that we can see being installed all around us are the so called vaccine passports, certificate first on paper, and eventually a QR code on your phone, that tells anyone who needs to know that you have received the requisite number of doses of these materials. And again, we'll come back to this but it's again, that's nonsense.

Mike Yeadon 16:19

Economic destruction I think is on its way. There was a person who's very experienced in the City of London, and I heard them phoning into a radio show three weeks ago. And they said, I don't know anything about viruses, they said, but I do know a lot about finance. And they said, the amount of money it's not even being borrowed, they've just printed it, actually created new money, with an IOU from the government, haven't sold gilthead certificates to investors. He said that it is my view that the sovereign currency is already destroyed, and the exchange rates ought to be moving violently against each other and they're not, if you go and look. And that's because as Catherine Austin Fitts tells us, this is a conspiracy led by the central banking clique, and their clients to take over the world. I think.

Mike Yeadon 17:10

Once they've done that destroyed the economy, again, I'm paraphrasing from Catherine a great financial reset, which will have us using our vax passes as digital ID, and central bank digital currencies CBDCs, which you can look up, they are real, and they are been talked about by all central banks. You won't like those, you really won't, it'll be the end of cash and of any privacy of any transaction. I know I go further than many, but I'm really quite concerned that there's a serious intent to kill a very large proportion of the population of the world. Again, I hope I'm wrong, but all of the measures required to get to this point of control through vaccine passport, digital ID also, and to repeatedly vaccinate people as we'll come on to, they certainly set the scene where a bad actor could introduce a gene sequence that will rob you of your health and kill you in a fairly predictable way and at a fairly predictable rate per million doses and so on. And so if somebody does want to depopulate the setup is so perfect, that it isn't completely crazy.

Mike Yeadon 18:19

Before I move on to the vaccines, and this is a concern I had, lots of people have said to me, Mike this can't possibly be the way you describe it. It looks compelling. I understand. But come on, you can't have a global conspiracy like this. It would leak and it involves far too many people, you know you must be wrong, there must be another explanation. And I suggest to them that they look for a video on YouTube, surprisingly, by a German journalist called Paul Schreyer, and there's a one hour documentary called Pandemic Simulations: Preparation for a New Era? And when you watch that, your last rickety defences that this isn't a well organised, long planned event I think will disappear and your heart will be in your boots by twenty minutes. Basically, all of the actors that you see around the table, including say in Event 201 that took place at the end of 2019, all of those players are currently taking the roles they had in the simulations and all round the world, and doing exactly the things that they did in the simulation. So that was the rehearsal, those were the rehearsals, and there were more than a dozen of these damn things. And I think one of the bitterest moments for me was to realise that we were doing it to ourselves, that the US, UK, New Zealand, Australia and Canada, the five eyes, I think are the leading players. I don't know. I'm not gonna say Russia's not involved or whatever, but it looks like the Edward Bernays School of Psychological Management has been used by the military intelligence people and they have directed their weapons at their own people for two years through all these lies, repetitive messaging.

Mike Yeadon 19:15

And so what we want to do is to wake people up, because if we don't wake up, we are finished as a set of liberal democracies. I'm going to turn to the vaccines, but before I do that I'll pause in case Reiner or others would want to steer me differently. But I will, I'll say two things that I've, they're not original sayings, but they strike me as very appropriate. I've seen on many message boards, when this comes out, when this all comes out, don't ask me how I knew ask yourself why you didn't. And honestly the evidence that things are amiss I think are so stark that you literally have to avert your eyes not to realise that things are really bad, everywhere. And then this other thing it's an old saying, I've heard this before, it makes me chuckle a little bit, if you're one step ahead of everybody else, you can be seen as a genius. If you're two steps ahead you're a lunatic. And that's I'm afraid what I've been, my job as a scientist was to spot faint patterns in sparse data. That's what you do when you're trying to work out something that's new. And so I think I have been a couple of steps ahead and probably sometimes wrong. But broadly, I think it is, sadly, roughly what I've said. So, Reiner, you can either wave me onwards, or you might want to ask any questions about that.

Reiner Fuellmich 21:29

Mike you're right on track. This is so important to hear this little introduction because it gives us an overview. Many of our viewers have only seen bits and pieces of this. So this gives them the whole picture. This is great. You're right on track.

Mike Yeadon 21:41

All right, thank you. And Corvin, yes at some, if you can have the presentation available. I'll talk for a little bit and then maybe we can pop those slides up, because yeah I'll come back to that. But a colleague's done an analysis, which is quite striking when you see that. So the vaccines. So I worked

for the pharmaceutical biopharmaceutical industry for 32 years, so I think you can take it as red, but I'll say it again, I am pro innovative new medicines, provided they're well developed, used appropriately, and of course, the profile is safe enough considering the utility. So if you were treating a terminal cancer that had evaded surgery, current chemotherapy, radiotherapy, and so on, then you might be willing to take a drug that might kill, you know, ten percent of the people, you know I don't know 5 percent, if it might stretch your life out for many years, especially if you are offered the chance of a cure. And some of these gene based vaccines, I think the reason they were intended by people like Dr. Malone and others was indeed to treat things like that. You could put a protein from your cancer into one of these vaccines and force your immune system to recognise it and destroy it. And that could provide, you know, exquisitely safe, novel chemotherapy. But if you're going to treat, effectively, everyone on the planet, and you shouldn't do it anyway, but that's certainly the stated intent, you need safety, safety, safety as Peter McCullough would say, that's your first concern, even more than does it work, you need to make sure it's very safe, because you're going to be giving it potentially to billions of people. And I did say that my original training included toxicology, and I was taught by at least two people that founded the discipline of mechanistic toxicity. I can't remember their names now, Professor Jim Bridges and somebody else, Dennis Park, and they reminded us that in the 1950s, when they were doing toxicology in the drug industry, they would give it to two dogs and five chickens, and if the drug didn't kill them they literally would start giving them to people. That's how bad things were 60 or 70 years ago. We had some strong wake up calls at the end of the 50s early 60s, with thalidomide, for example, it's a case that most people know about, at the time they thought that babies were safe in mother's womb and so wouldn't be a problem if you gave a pregnant woman a drug. And we now know that their foetus's are exquisitely sensitive to perturbations in their environment. And so we never ever give novel medical interventions to pregnant women, right. We'll come back to that, so they're definitely doing that.

Mike Yeadon 24:35

So because of my toxicological training, so I have a good understanding of what was required in drug RND, new drug RND, as soon as I looked at the vaccines, I was really quite frightened because they are novel type. These have never been mass dosed to human beings at all, so there would be no way of knowing what kind of effects, unwanted effects, that might come about. And of course what you is careful empirical study, you should do all of the possible studies that if you have a worry, where the thumb will be, if you can think of a worry you need to show why it's not going to happen, to design an appropriate experiment you have to try and drown your own puppy, as we used to call it. It's not a good job, but you have to do it. You can't just hope it'll be alright on the night. It rarely is. And when I looked at the vaccines I had a number of concerns. One was all four of them, so that was the Anson J&J, AstraZeneca, Pfizer, and Moderna, they all were fundamentally the same design, whether they used mRNA, or a viral communicated DNA. They encoded only the spike protein, the soft, sticky out bit from the ball and stick model of the virus that you've got, and I don't know to this day, how they all chose just the spike protein. Because I guessed and we now know it's true, that human immunity relies much more on understanding the depth of the molecular structure inside the ball than the spikes. So I thought it was bad, just even a logically uneducated thing just to pick the outside part.

Mike Yeadon 26:11

But secondly, it took me, I don't know, no more than half an hour of searching for research papers, abstracts, and so on, not so much on Coronavirus spike protein because it's relatively new. but similar external proteins on other viruses. And within the half an hour, I realised that all of them have some kind of biological properties that are unwelcome. They're not just for anchoring the virus to the surface of a cell, which they do do, but they're also biologically active, as you might expect really. They interact with the immune system and also coagulation system.

Mike Yeadon 26:47

So, in fact, I saw Wolfgang Wodarg earlier, and he led off and I joined a two person appeal a petition to the European Medicines Agency to say, don't approve these vaccines at this time, there are a handful of concerns that we think are going to occur and you need to slow down. And I think two of the four have been tested and proved correct. And the third one is looking pretty ropey. So the design of them, I would say it was toxic by design, it was always going to harm people. Next, unlike a classical vaccine, which is usually a killed piece or killed preparation of the infective organism in a little bit of oil, or alum or something like that, that's a unit dose and you know how much you're injecting into each person. With these vaccines it would give me a unit dose of code. Now that code could be taken up well, copied into protein very efficiently, and might do so for a long time in one person. In another person, it might be taken up badly, copied inefficiently, and end briefly.

Mike Yeadon 27:57

So what I'm saying, and I'm absolutely certain about this, as a pharmacologist and a toxicologist is, by choosing this design, the range of outcomes is probably a thousand times worse than it would be for a conventional vaccine, because the actual amount of protein produced will vary by orders of magnitude more. It will. And I thought that was the explanation for why it is that many people had no side effects whatsoever, and others appeared to die. You know people would say how could that possibly be true, and I've just explained it that with an encoded vaccine, an unlucky individual might take up large quantities of it in their heart, in the coronary vessels, or in the cerebral veins in the head and produce lots of spike protein for a long time, and most people might get myocarditis or cerebral vein sinus thrombosis and die, and for someone else it might be spread around the body in sort of a less dangerous place and not make so much spike protein. I thought that was an adequate explanation. But I don't think, that's not the whole explanation anymore.

Mike Yeadon 29:02

The reason I thought it was an explanation was I made an assumption which I was entitled to make, which is that the same stuff from a given manufacturer is in every single vial, you know the little glass vaccine vial. I believed and was entitled to believe that within a fraction of a percent, we had the same consistent quality and purity in every single injection and therefore, the observed variation in behaviour in people must be down to something such as the thing I just suggested. But as I'm gonna come on to, unfortunately, we're now absolutely certainly there's not the same stuff in every vial. And that means criminal acts are being committed. So we will come on to that.

Mike Yeadon 29:45

Just before we do that, vaccines, normally a vaccine if you administer it to a person will usually be one dose, sometimes two. There's never gonna be a whole frame of them. So you know, I'm seeing some

countries already given the fourth vaccine and others have talked about an open ended series. You need to know, vaccines are not like that, you do not need to be repeatedly dosed with something that would earn the title vaccine, one or two doses at most. So it's more than that. It's not public health, and it's not public health. So but here's the thing, a vaccine ought to, at minimum, I think, prevent you becoming ill, with the pathogen against which you've been vaccinated. If it doesn't do that, I'm afraid it's not a vaccine. And as a consequence of protecting you against that organism, and it does that usually by killing off a new infection in an early stage before you're even symptomatic. That would mean you should have a low viral load in your airway. So that's what keeps you safe after vaccination, or if you've acquired immunity, and the consequence of that is it usually reduces, if not, stops transmission. And we know now, lots of work in the literature, that people who've had this virus are immune to becoming ill a second time from, you know, either the original virus or the variants, and they don't transmit either. So that's we can see what immunity, good immunity, can look like cos we've seen lots of cases of natural immunity.

Mike Yeadon 31:20

And authorities do agree, they can see that these vaccines do not prevent you catching it, they don't prevent you growing the same amount in your airway as an unvaccinated person, and they don't prevent transmission. So if someone's going to claim that they reduce the severity of your symptoms, I'd like to know what black magic is invoked, because I just told you, it goes to your airway, it grows in the same way and transmits them the same way. I actually don't believe, there's no mechanism for this to suddenly intervene and stop you getting ill, I don't believe it, I think the most likely outcome now is they don't do anything useful at all. But they are unfortunately really very harmful. They're certainly toxic.

Mike Yeadon 32:02

So just a brief introduction, I think, to one of the best tracking systems in the world, Vaccine Adverse Event Reporting System, VAERS, it's a US system. It was put in place about 30 years ago. And anyone who has an adverse event following vaccination, you know even if they're not necessarily claiming it's necessarily caused by it, but in order to track the possibility you're urged to report that. But unfortunately, the reporting rate is typically between 1 percent and 10 percent of adverse events. And there's every piece of evidence that that has continued in recent years, in the recent year since the vaccines started rolling out. And yet there have been more adverse events, and certainly many more deaths associated just with the COVID-19 vaccines than all the other vaccines in history that have been taken through this VAERS system. So there is no question, this public data is your database. It's not mine I haven't put anything in it. 85 percent of the reports were put in there by a qualified health care professional, so it's not true as some have asserted that, well people are just putting in, you know, spoiler claims, and they're not real, they're absolutely real. There is something called the, you know it's often said that correlation is not causation and that's true, just because there's lots of reports doesn't necessarily mean that it's the vaccine. But there are things called Bradford Hill criteria.

Mike Yeadon 33:37

So you can look up the Bradford Hill criteria on Google or DuckDuckGo, I think there are eleven of them. And it gives you methods whereby you can determine whether the correlation is indeed causative or not. So I'll just give you a quick example. If there is acute toxicity in a vaccine, then you would expect

to see a spike in injuries and deaths in the first few days after administration. If there's no connection whatsoever, then you expect a much more smooth low level profile that would pay not much attention to when you were vaccinated. And when you look at it, I think more than a third of the adverse events occur on the day of dosing or the next few days, and then it rapidly falls off. So that's one of the Bradford Hill criteria. Another one and I'll only mention this other one is plausibility. If you have a theoretical reason for believing that it'll make your left leg turn blue, and you go look at the adverse events and look its lots of blue left legs, that's much more compelling than if someone ended up with, say a sore elbow for which you had no predictive power. And what I would say is on this occasion, we believe that these agents cause so called thrombo embolic disorder, so they affect coagulation and you may bleed or clot, and so any vessels that are plugged up by clots like strokes or heart attacks, deep vein thrombosis, or bleeding like subarachnoid haemorrhage, any of those things are what you would predict. And lo and behold, they are present in VAERS, actually in enormous numbers, unprecedented numbers. So the timing and the plausibility convinces me that these are causative, mostly they are causative, and other people who are used to doing this, pathologists and others have done a very thorough job, and unfortunately, it's definitely causative, large numbers, and it's causative.

Mike Yeadon 35:33

So where it comes to vaccines, wouldn't you expect, no I predict you would expect them to be deployed, not just first, but only in the people who are at extraordinary risk from the pathogen. So in this case, we know it's elderly people who are already frail. And that's how they started. But very swiftly this started coming down to the working age population you know fifties, forties, and as you're probably aware, we've now been trying to encourage people to get their children vaccinated. Now, I don't know about your part of the world, but in Sweden and Germany, I looked at the public record, not one healthy child has died as a consequence of being infected by this virus, not one. So if I tell you that there are novel technology agents that are being proposed to be injected into your child, a child who is not at any risk from the virus, and who also are very poor at transmitting it to other people, because they generally don't get symptoms, and I just told you earlier about asymptomatic transmission is a lie. So please, I'm begging of you whatever your neighbours say, or your school teacher, or your government adviser, I'm afraid they're lying or mistaken. You must not vaccinate your children.

Mike Yeadon 36:49

So we should target these interventions to those who might benefit from them, because they generally will be willing to bear whatever the side effects are in exchange for that benefit. So healthy younger people, certainly sixteen and down, really should not even have been on the map for vaccination, because they survive. Secondly, there are really good treatments, as I've mentioned, and so with good therapies, and people's strong immune system if they're younger and well, there was no need to vaccinate the world. And then I've mentioned children. Yes, pregnant women, I have made a special examination of this from my toxicological background, and I was just appalled when I heard a leading doctor, I think from the Royal College of Obstetrics and Gynaecology in London. The Royal College is meant to be the acme of medical quality, hopefully in ethics, and this woman appeared on national radio, and proceeded to tell people that if they were pregnant, they really should get vaccinated. And don't worry, these are perfectly safe. I'll look you in the eye now and tell you that the studies have not been done to examine the safety of these vaccines in pregnancy, there's been no formal study. And there's no reproductive toxicology packages complete in industry. And I worked in industry for 32 years,

and I can tell you we were not allowed to dose healthy female volunteers of childbearing age, without insisting that they use highly effective contraceptive methods. And generally, we didn't do it at all. We just didn't do it until we had reproductive toxicology, because we were all rightly fearful of the potential to damage a growing baby.

Mike Yeadon 38:39

So it's literally nonsense. This is one of those things you should wake up to, you know, any listener knows that thalidomide changed the landscape forever in terms of precautions, in terms of medications in pregnant women, for the reasons we understand. And so if your country's policy includes encouraging pregnant women to get vaccinated when they are, by definition, relatively young and relatively well or they probably wouldn't have got pregnant and therefore not likely to suffer severe effects of the virus, why would it make any sense to administer these experimental therapies?

Mike Yeadon 39:16

And then worse than that, I've written affidavits and opinions to say there are two or three lines of evidence that would lead me to be extremely concerned for the potential for harms. And unfortunately, it actually does look like we were right about that. But I'm not going to push it any further, but my main point is just what I said in the last few minutes after drifting a little bit is just to say if this was a public health measure, you would only administer these vaccines to people who could benefit most from it. So the people who are most likely to get ill and die, and that would exclude healthy young people. It would certainly exclude children. It would definitely exclude pregnant women. And here's the other thing, it would definitely exclude anyone who's had the virus and recovered. There are scores of papers showing that people who've had the virus and recovered, have a full complement of T cells of multiple types. That means that they will recognise the virus and any variants and remain well, and that is in fact the empirical observation.

Mike Yeadon 40:18

So when you see your governments threatening the unvaccinated, including people who have recovered, they are more immune than the people who've been vaccinated. So I just don't understand how anyone can go on about, you know, you're being as it were antivax. No, no, I'm anti conspiracy theory. I'm anti conspiracy fact. That's what's going on.

Mike Yeadon 40:41

So then moving on to the hot lots. So I mentioned earlier that I came up with an explanation for why many people have no side effects, and some people get very ill and even die. And that might be true. But the reason I even thought of it was that you should expect pharmaceutical mass manufacturers to be good at least at one thing, and they are very good at this, consistent high quality, purity manufacture from batch to batch to batch. They're very good at this because that's what their business is, they manufacture tablets, capsules, sprays and injections in the billions of doses. If you think of something like lipids or a cholesterol lowering drug, it's given to a substantial minority of the population in older age, one tablet a day forever. They will have made tens of billions of doses. Not easy to make these genetic vaccines. But you know, making a few 100 million I think will be absolutely in the wheelhouse of Janssen J&J and Pfizer, at least Moderna was a new company, so I can't say, but I trusted that these companies were doing what I knew they were very good at doing what they did for their business.

Mike Yeadon 41:57

And then I stumbled across a couple of people independently, who'd been doing their own analysis of the VAERS database. What they were doing, and no one else seemed to have done it, was they were pulling the vaccine batch or lot number might be eight digits, six digits, a mixture of alphanumeric symbols and comparing the profile of adverse events with comparing one lot to another lot of the same manufacturer, and their expectation would be there'll be like a scattering of adverse events across all the states and all of the lots. But they didn't find that. This person found that something like 90 percent of the adverse events were associated with like less than 10 percent of the lots. And I remember seeing that some months ago, and I immediately knew the significance of it, because as I've said, although I'm not in any way a manufacturing expert, I worked for decades with people who were and I knew their pride and the necessity of meeting their sort of anti adulteration regulations, which require tremendously reproducible product from lot to lot to lot.

Mike Yeadon 43:08

So I'll just briefly describe, manufacturing of medical products like this proceeds in two steps, the first step is to make the active molecule. In this case it would be mRNA, or DNA with an attenuated virus. So we would think of that as the first step, it's drug substance, it's the actual active component. And then once you've got that it will generally be formulated in some way. You know in this case it's going to be in some sort of diluting material, it might be medical saline. Sometimes though, it'll be mixed up with binding agents, colorings, lubricants, shiny coats on a capture or a tablet. And that's called drug products. So the first step is to make the active, and the second step is to formulate it and finish with the drug product. Now, each of those steps is associated with a series of acts. You might start with a raw material, two raw materials and then warm them up and manufacture a third product and then purify that, and that might be a step. And the manufacturer submits to the regulator, it's a pharmaceutical production plan. And each of those steps is gone through by experts and the regulator and they agree that the steps are appropriate and that the limits, you know, the range of outcomes on testing are appropriate. And only if they are would you be permitted to go to step two three four five until you've completed all the steps. So I'm elaborating a little bit to tell you that they don't just throw everything into a bucket like home brewing beer, stir it a bit, put it in the packet. All this is done with just incredible levels of control, as you would expect, you want it to be reproducible. So the effects if they follow the what's called the Good Manufacturing Practice or GMP Manufacturing Practices as required by a medical regulator, even for emergency approved products, it should be the case that the lots are effectively containing the same stuff, wherever it was made, and whenever it was made, it will be the same stuff. I know they're capable of doing that. Now, if that's true, if you've drawn a lot at random from the VAERS system, and examined the outcomes, the performance, that is the number of people who've reported adverse events, it ought to be pretty similar from batch to batch to batch. If it's very different, I'm afraid, I can tell you with certainty, and I would be able to prove this mathematically, if needed in court, it's not possible to go from two or three adverse events reported for a given lot, and another lot have 5000 adverse events. It's not possible. If you only vary the product a little bit, you might imagine, well they're doing this at speed and its novel, Mike's being a bit hard on them. No, if you only have a small difference, you only get a small difference in the performance. If you go from nothing effectively, to the worst outcomes ever reported to VAERS, I'm prepared to state and to prove that that means it's not the same material in the lots that are producing the bad side effects. I mean, what I've just told you,

you may not appreciate the significance of it. It's not the same stuff. So if you thought it was the Pfizer BioNTech COVID-19 vaccine that was used in the clinical trials, some of the batches contains something different. I cannot know what it is. But it's definitely not the same stuff.

Mike Yeadon 46:39

So yes, I think Corvin if you could just throw open that short presentation. I've run over a little bit, but I think visually it will help people, you don't need very much. So as I've explained on this first slide, if it contains the same product, the performance should be pretty similar. Just a little variation, but if you step forward. Yeah. So I'm not the analyst. In fact, it's an irony, I'm the person speaking, I'm the only person not capable of doing the sort of information technology. But one reason I'm speaking is because of my deep experience to Pharmaceutical Research and Development and knowledge from people who are experienced about manufacture, and what I've described is true. And also the people who are doing this work, you know we're self starters, we've got a degree of independence, but we're all speaking out because something awful is happening. If we move to the next slide, please Corvin. Yeah, as I've mentioned again, in my introduction, it's quite normal, I'm afraid for every medicine will have some kind of side effects. I think it was a very old ancient position in Paracelsus that said, all medicines are poisonous, it's just a question of dose. And that's kind of true that rat poison used at very low doses, or it's modern analogy, can be really useful to thin your blood. But that means you need consistency from dose to dose to dose. And it was true that in the first half of the 20th century, many pharmaceutical outfits that were probably quite small at the time, were occasionally careless, if not outright reckless, and have adulterated products that is products are not the same from tablet to tablet, or injection to injection. And so that brought about sort of these FDA regulations that relate to so called adulteration. And really it's about reproducibility, purity, and so on. So the next slide. Yes, so I think I've just said that, so for the lawyers, it's very important my colleagues who put this together taught me something I didn't know. Because those regulations were formed to make sure that badly manufactured product were never again foisted on the public, they said that if it's not made as you have described and made consistently, so it'll be a tiny variation, a fractional percent perhaps that's allowed batch to batch, we will declare it to be adulterated. And the thing is that adulteration per se, manufacturing and release of materials, which I ascertain, and others in this team agree, are performing very differently one from another, by definition, means it's not the same stuff. By definition, it's adulterated, and I think, by definition, that they have broken various laws. Next slide, please. Yeah, so this is really important. Again, the initial analyst just looked at the COVID-19 lot numbers and just found that the side effects were not uniformly even pseudo uniformly spread across the lots. But what this other colleague has done is to say well look let's compare, let's look at the thing that's most comparable. So she looked at all the injected products against influenza, and it turns out, as you can see, it's decades of data. And it's about 22/23,000 lots, manufacturing lots. And if you look to the right, the COVID mRNA vaccines, five lines down, similar number 25,000. So there are similar numbers of lots. But if you look at the serious adverse events, you can see like a five fold difference there from 9,000 to 47,000. And in terms of death, I think that's like, eight times worse. So something very peculiar was happening. Go to the next slide, please. Now, these next couple of slides are the crucial ones. So along the bottom there are the, meaningless to me, numbers associated with all these injectable flu vaccine products over many, many years. And on the vertical axis are the number of serious adverse events. And you can see that there were just a couple of exceptions, one with about 22 serious adverse events. A serious adverse event is something that would bring you to hospital, extend your hospital stay, could threaten your life, requires

urgent intervention to save your life, something like that. These are not a sore arm or a bad headache, this is something really bad. But with the exception of the one on the left, there were 23 serious adverse events, a lot might contain several tens of thousands of doses. We don't know what it is every time, but what we can say is that since the, as I'll show in a moment, since the number of adverse events can vary thousands of fold, it is not possible for a difference in batch size or lot size to be the whole explanation for the differences. It might contribute to it, but we've done some preliminary examination where we have managed to find out exactly how many doses there were in a group of lots. And when we looked at the relationship between the number of doses in the batch and the number of adverse events in the batch, there's no relationship so that's not the driver.

Mike Yeadon 52:06

So with the flu vaccines, there were just two lots, we don't know why that was, something went wrong. and there were a relatively large number 22, and 37. But look at the rest, hundreds and hundreds, its thousands, its tens of thousands of lots where on average, my eyes are telling me that the sort of smooth average is around four, four serious adverse events per lot. But mostly more importantly than that, I think you'll agree, it kind of looks like static, just that, you know, it's a background noise. Remember, if you dose a large population, you can dose them with saline and get this effect because people do get ill. You might put on red socks today and have a heart attack. Obviously, the red socks didn't cause your heart attack, but if you're tracking a relationship between your new product with socks and side effects, you would end up with a product with a profile that looks like this. So side effects associated with an intervention does not necessarily mean that it's bad. As I mentioned earlier, this sort of correlation is not causation. But I wanted, and this is really good work by my colleague, I want to show you what we think is a normal, well manufactured, consistent, high quality product looks like in the real world when you give it to, you know, millions of people over time. So now with that established, and baseline is around four, and highest value is 37, Corvin if you could show us the next slide, I think yes it's the next slide. Yes.

Mike Yeadon 53:36

So this, by now, should start to take your breath away. So these are the COVID vaccines, there's three manufacturers because it's the US commercial utilities, it's just these three, we don't know about AstraZeneca. But remember, I said that the rolling average was about four adverse events. Well, you know. the scale on the y axis here, four is thicker than the axis, the thin blue line at the bottom is more than four. And the red line, this is the worst ever. You can see there was like a single case out of 22,300 flu vaccine batches that was 37. But really that's probably way over what the representative, the representative was somewhere around four, but there you go that's the top. Look how many batches of COVID products are worse than that. And yet, and yet, let me just point out for example, right in the centre there 6514835461 looks like it's either one or two. And then it's neighbour one or two, its neighbour one or two, its neighbour one or two. And then suddenly you come on this, this one here EN6201, and it looks like it's 600 serious adverse events. Again, these are the ones that are noted, if you had a serious adverse event yourself, you would think that you were going to die, is quite close to death, and look at the number of them.

Mike Yeadon 55:11

And so there are a number of things I want to point out here. One is the extreme level of side effects that we're seeing. Orders of magnitude, I would say just the rolling average here is looking like I don't know, between 100 and 200 instead of 4. These are really toxic products. They really are toxic products, but, and that's bad enough. But as I argued, if you're a cancer sufferer, you might accept a dangerous intervention, if on balancing it could extend your life and its quality by a year or so. But these products have been given to the general public, most of whom are perfectly well. That's the normal deal with a vaccine, you're perfectly well, you turn up at the doctor's office, get an injection, and you leave near still perfectly well, and all that's happened is you've acquired a defence against a specific pathogen, that's the deal. What we shouldn't have is that you occasionally get seriously ill and some of you die, that's not a good deal. That is what is happening from these products. And they're being pushed on everyone, when as I'd argued if you're recovered, infected, you're immune, if you're a child, you're not vulnerable to the virus, just healthy young people are not, and pregnant women we do not know that it's safe and should not under a precautionary principle, be administering it. And yet, and yet your governments are pushing these on you.

Mike Yeadon 56:32

It's not a public health measure, if it was a public health measure the three or four things I'd said would be true. It's not a public health measure. And all of the stuff I said earlier about discarding normal pandemic handling plans and replacing them by absurd lies, that have had the effect of frightening people and we think that that was the objective. Now you've seen this information, and your economy is on the verge of absolute extinction, and so I think that's evil triumvirate [to] frighten people, damage the economy, force them, persuade them or force them as necessary to accept these injections, some of which are killing people. Why would they want to do that, and this is why I got to the conclusion, I wracked my brain. There may be other explanations, it's not money, by the way. The pharmacies companies, of course, are having an absolute field, whatever, high watermark in terms of profitability, that cannot be the motive is the effect of using big pharma to drive these products into the population. It can't be the motive, why can't it be the motive? Because there are huge numbers of industry sectors that are absolutely almost into the ground. You know, the airline industry I don't know how they're surviving almost two years of non normal operation, hotel and catering, holiday trade, and all of these things. So remember that the only people who could possibly make this happen, or at least have to agree, in order this happens in their world would be the the owners of, the people who own what Catherine Austin Fitts called Mr. Global, global big capital.

Mike Yeadon 58:16

So I'm absolutely sure that money alone, profit alone, is not the motivation, because eight or other, there might be a couple of sectors doing really well, but eight sectors are doing so badly as to more than outweigh the benefits that accrue to the drug companies. But let's just go back to that slide please Corvin if we could. Yeah.

Mike Yeadon 58:40

Because there's something not just is there this extreme toxicity, but it's the variability. Now, I pointed out, so let's just look at the Pfizer bumps because there's a nice range there. Nice is the wrong word, sorry. I'm sounding like a scientist, these are people. These are people who've suffered and some of them have died. But as you cast your eye across the axis at the bottom you can see that some of the

numbers there are associated with very small numbers. They're so small that you can't see it registering on the thickness of the x axis marked y axis marked zero, and yet close to it there are a whole bunch of batches that have got, you know, 400, 600 serious adverse events per lot, and they're roughly the same size. That means there's not the same product that's got this Pfizer COVID-19 vaccine it says on the box or on the vial, it's not the same stuff. It's not the same stuff. I'm certain. It's not an assessment. It's not maybe I'm absolutely certain. There is something called the law of mass action, which applies to all biological properties I've ever seen, and if it does come to court, I will walk you through the history of that and why it is that shape, and why this means it cannot be the case that these middle Pfizer lots are the same material as the ones immediately to the left and to the right. These drug companies are highly professional outfits. They know how to manufacture reproducibly, and we saw that with the flu vaccines over decades. They know how to do it, they haven't done it.

Mike Yeadon 1:00:15

I'm afraid I've come to the conclusion that they're doing it on purpose, because they're so professional. And after a year, they know this data, this data is their (naudible) onto the world, they can go into VAERS, they can filter for their own products and their own lot and batch numbers, and they can see what's happening. They know. So the fact that they haven't stopped this tells me that they're at least okay with it, and I fear that this is deliberate. Why might it be? Why might it be deliberate? Well, as we've seen, over the last two years, big techs like Google, Facebook, YouTube, Twitter and so on, have persistently said we're not having anyone making a comment or a recording that disagrees with what the public health officials say. And we're going to call that misinformation. And we're going to, basically, we'll censor you and maybe platform you. What that means is that a qualified person like me, and I promise I have no axe to grind whatsoever, other than telling you what I think is true, which is that we're facing a global crime. People like me cannot speak to the public because the tech companies have decided not to let me. That's true of mainstream TV, mainstream radio, I've only ever appeared on radio where they maligned me, they told me lots of lies, so I then threatened them and then they deleted the recording, which tells you something, doesn't it, that I was correct.

Mike Yeadon 1:01:46

So yes, it's the combination of big tech, big media, and by that I mean, mainly TV around the world, they control what's coming into your house. So if you just turn your TV on over the last few years in the same way that you ever have, you're only gonna hear a one sided, and in my view, it's mendacious, it's a completely misleading description of what's going on. You'll never hear things like this. And you should, you should, you should see both sides of it. The fact you're not allowed to, I think tells you that they know there's something bad going on, and they don't make damn sure that people like Dr. Mike Yeadon, and Dr. Robert Malone, and Dr. Peter McCullough, and so on will never darken the studio's of BBC or CNBC, because if we were given an hour, I think we could destroy the story, easily. I think we're plausible, we're being honest. And I gain absolutely nothing from making up stories I'm describing in horror.

Mike Yeadon 1:02:42

So I've said that the variability is extreme. And I've said that the media controls the message, and they censor people like me. If they want to tell you that there's a nasty variant that's just come along, that's killing more people than previously, you'd have no way of knowing if that's true or not. And I don't think

you should trust anything they say about this, because they've definitely lied about everything else I've been able to hear. But let's say they did say that, let's say they said there's a new variant or a new virus that's ten times more lethal than COVID. And don't worry, the innovative pharmaceutical industry has rustled up a new vaccine, and, you know, run and get your your top up your booster, your new vaccine. What happens if they choose to give you that one that's called EM6201 instead of the ones with EN1201? Well, the answer is, you know, probably thousands of people are going to die. And imagine all the manufacturers doing that, and over time and across the world. All the time the media is giving you a very frightened message, and the appropriate response if these guys were being honest, would be, okay, let's deploy these vaccines as we tune them, and so on. But it's all lies, it's all misleading. And I worry about what you've seen in front of you there I've described it to other people, I said I'm worried that this is calibration of a killing weapon. That if somebody wanted to say that there are viruses or vaccines that are, say 10 times more lethal than COVID so killing one in a hundred people instead of one in a thousand, roughly, they could just move along and just deploy batch X or batch y or batch z. And that's what would happen.

Mike Yeadon 1:04:31

And, you know, I've got no reason to make this stuff up. You know, I've never been a conspiracy theorist. If anything, I'd be the sort of person that would chuckle about other people having conspiracy theories, and of course, now I realise what a mug I've been for the last 61 years believing what I've been told. So, the bottom line, you can see it from here, it's not the same stuff in each glass bottle. That's an offence in all sorts of ways against the adulterated Drugs Act. It can not be accidental, because they are professionals that know how to manufacture consistently. It's not possible that this is small variation in product cos it's an emergency situation difficult to make. Now, the law of mass action would mean that in order to get these enormous differences in quotes, "performance" in serious adverse events, would have to have a very sizeable difference, I would say, I don't know ten to a hundred fold difference in an active if there was an active to produce these side effects, I'm confident, and we did experiments and I'd be roughly right. I've done hundreds of experiments like that, not with people, of course. And we've need to go up in dose by thirty, hundred, three hundred to go from baseline to these numbers, I'm absolutely sure about that. I bet a lot of money on it.

Mike Yeadon 1:05:45

So because they're good at manufacturing, and because this data is available, has been available to them all the time, they can look as the VAERS data comes in. So they've known about this. And that means they're good with it. They're good with it. So it's either intentional, or if whatever if it has proven too difficult to manufacture, they should still not be allowed to discharge these as it were into the public environment, because they're very lethal. I'm trying to think there's something very important I was gonna say, yes. Some people have said to me, Mike, these are brand new products, as you've said. And early on, we heard I think the Pfizer product had to be stored at like minus 80 centigrade. So that means they're a bit unstable rather than stable. Maybe Mike, what's happening is they're just going off occasionally, you know, bad handling people not used to cold chain, what's called a cold chain like like this? Well, I don't think that's true. One, when products degrade, they generally lose activity, a piece of it falls off. If you imagine a car degrading, it might lose one wheel and the top part of the engine, it doesn't suddenly turn into a lethal flying machine, it will lose function. And that's what I would expect to happen.

Mike Yeadon 1:07:00

Now on a one off, yeah, maybe a novel product like this might break in half, and you end up with two super toxic bits of mRNA. But we're seeing the same thing with three products made by three different companies. And we're seeing two different technologies. So Moderna and Pfizer are mRNA. The Janssen is DNA? No, it's not possible. I've just said the rule of thumb is degradation results in loss of function, not acquisition of exquisite toxicity. And we've got three products and two technologies doing that. No, that's not the explanation. Whoever, I don't know, and here's the thing, I've no idea what it is they have done. But I'm more frightened for these vaccines than I was before seeing this work with my colleague. So that's, I think that's the long and short of it really.

Mike Yeadon 1:07:47

Yeah, so all of the early stuff, you know, you've been lied to, and I can prove that in several occasions, and I would like to say to direct people who haven't seen me before, to my interview with a Del Bigtree on Highwire, and that I think will educate you on what I was seeing as the principal lies. And then I certainly would like to attach a short I think it's sixteen minutes with three or four people talking, that will provide you convincing evidence that the authorities knew that asymptomatic transmission was complete garbage. And if that's true, and it's true, it's garbage, everything else falls to pieces. And then when we come to the vaccines, if they were a public health measure, they've been directed only to the people who most could get benefit from it. And never to children, healthy young people, pregnant women, and those who have already recovered, and yet, coats and (inaudible) have been driven right over those. So that's about where they are, and the reason I'm here is I want to work with anyone through the Corona Committee, and anywhere else that can help wake people up, because I don't know how to fix this, but if enough people say, you know, we've had enough now we're not going to comply with it anymore.

Mike Yeadon 1:08:59

I noticed in northern England, or a group of several thousand children from secondary school in Lancashire, and they formed a union. And Wolfgang and I were talking about unions a few days ago, and they just said, you know what, stuff you we're not wearing the masks at school anymore? And no, we're not going to put these cotton buds up our nose twice a week, not doing it anymore. And that's all we need to do. Because I am telling you there is no unusual threat in your environment, except from your government and their policies and the pharmaceutical industry, there's nothing going on other than the sort of psychological warfare and the economic damage and then these wretched vaccines. So we can still take our old normal, hopefully in a better form back but it requires us to just take a little courage in our hand and say, I do not comply anymore. I do not comply, and you're not doing anyone any good by complying. You're not saving yourself, you're certainly not saving your children. So that's all you need to do. And they can't arrest everybody, right? One or two people decided to demonstrate they could be arrested. If 10,000 schoolchildren say, we're not going to schools with masks and testing, and they cross their arms and say what are you gonna do then, that's how you take it back. That's how we take it back. Anyway, I'll pause now, thanks I've talked for quite a long time, I think.

Robin Monatti 1:10:27

Mike, can I ask you a question Mike?

Mike Yeadon 1:10:30

Yes.

Robin Monatti 1:10:32

About those (inaudible) with the x axis?

Mike Yeadon 1:10:39

Yes.

Robin Monatti 1:10:41

Do we assume that there has been an alternation between the batches or the lots with the most adverse events between the three different companies in the sense that in the temporal dimension, not all of the adverse batches have been, let's say, released at the same time? Can we deduce that?

Mike Yeadon 1:11:05

No, there was an initial analysis done by one other team, and they made the assumption a reasonable, but incorrect assumption that the alphanumeric number ordering was the same as time ordering of release of the vaccines. And because of that assumption, they produced a really worrying pattern of very toxic batches, then a gap, then slightly less toxic, then a gap and less toxic and so on. I don't, we can't make that deduction anymore. It might be true, but I don't think that analysis has been done. And similarly, we have not yet looked to see whether the most toxic Janssen batch was released at the same time as the least toxic Pfizer batch, we would have to do additional work. Personally, I don't think that was necessary because the manufacturer, they know exactly where each batch goes, you know, to which state, which Medical Centre, you know which office, and then eventually, which patients arm. If you know, where every dose has gone. And so you could have, you know, toxic batches from more than one company being administered at the same time. I think, if you're raising an implicitly very important question, actually, because I think by chance, you would think there'd be sometimes an overlap and sometimes not. And if we see a pattern that looks non natural, Reiner, I think that would be additional strong evidence of premeditation. So we should go and do that. It's a very good question. So I can't answer your question. But I think I understand what was behind it, Robin, if that was what was behind it.

Robin Monatti 1:12:44

And the last one was, again, about the patterns whether we can assume that or not yet, and as you answered, maybe we can find out more. When we look at this graph, it seems that the adverse events numbers step up, and almost, especially in the Pfizer one and peak and then step down, is that again just the way that the batches have been organised around the x axis, which is arbitrary, or could we see any pattern of stepping up and step it down, which would also -

Mike Yeadon 1:13:16

- yes yes no

Robin Monatti 1:13:17

- be an experiment?

Mike Yeadon 1:13:18

No, it does look, that bit does look real. For any one manufacturer, if you just sort of slice them out from there others on that graph, because you can just use date order for a manufacturer. So I think if you look at that Pfizer block, I think it goes from left to right, from January 2021 to last month, something like that. And so the general trend is to lowering of numbers of serious adverse events. What I don't know is that is that because the number of doses being administered per day or per week is that, has that flattened off, because we're now mostly in the phase, I think, of administering what they call boosters or third doses. So or it could be, well it could be a number of possibilities. So why is the number of adverse events, you know, unit time reducing now, cos it does seem to be that it be that. It could be that the system is being played with, it could be that we're simply not seeing all the data. They call that throttling. I don't know what that means, but it's basically somebody might be cheating and holding back some of those records. That's possible.

Dr Wolfgang Wodarg 1:14:24

They don't even need to put them in an order so that you can see a linear decline -

Mike Yeadon 1:14:30

- no no

Dr Wolfgang Wodarg 1:14:31

- they just can do it in a way which seems to be arbitrary, which seems to be by chance -

Mike Yeadon 1:14:39

- yep

Dr Wolfgang Wodarg 1:14:40

- but they know which batch contains what -

Dr Wolfgang Wodarg 1:14:43

- and have a dose then have this surgeon the dose finding studies with this intox (inaudible) studies. And we don't see a systematic thing. We just see a big cloud of many batches, and then we see the baseline. So but maybe -

Mike Yeadon 1:14:44

- they do

Dr Wolfgang Wodarg 1:14:54

- You're right Wolfgang. You're absolutely right, the manufacturers can recreate the batch numbers and their -

Dr Wolfgang Wodarg 1:15:03

issue -

Mike Yeadon 1:15:03

chemical findings, and I presume they know what they put in the bottles -

Dr Wolfgang Wodarg 1:15:09

And they can (inaudible) in different regions.

Mike Yeadon 1:15:16

Yeah,

Dr Wolfgang Wodarg 1:15:16

- they can place them in different regions, they can supply them here and there so that there is no systematic visible,

Mike Yeadon 1:15:23

Exactly that. That's another thing. Actually, I forgot to mention that if this was innocent, then you would expect, would you not, that a batch, or a lot would go to on average the same number of states each time. So whether that range is two to ten, or three to four, whatever it is, you would expect them to be doing the same kind of thing. It might vary a little bit, because obviously, some states like New York, California, Florida, Texas, are very big, and others like Vermont or whatever are quite small. But you know, as you smear the doses across the nation and go down the age band, you would expect a batch that seems benign, should go to the same number of states, as the batch that turns out to be toxic. If it was innocent, and we need to go and check this, but certainly as of a couple of weeks ago, our findings were the most toxic batches were going to the largest number of states. And if that's confirmed, Reiner again, evidence of premeditation. How would they know ahead of time to distribute to dilute those toxic batches across the largest numbers of states? Well, (inaudible) no

Dr Wolfgang Wodarg 1:16:34

there is even this trick to disguise the whole thing, because they recommended the first shot and second shot, take a different one.

Mike Yeadon 1:16:43

Yes.

Dr Wolfgang Wodarg 1:16:44

And if you do this, it's even more difficult to find out the systematic, which is in it?

Mike Yeadon 1:16:51

Good point? No, that's a yes, I'm not sure. Yes, I think in most nations, I don't know. Actually I'm not sure I thought in (inaudible) nations (inaudible) material, but they did mix them up, yes.

Dr Wolfgang Wodarg 1:17:03

They did explicitly recommend to take a different one the next time.

Mike Yeadon 1:17:07

And that's just so crazy. Wolfgang, isn't it? The clinical trials were not done like that. So we've no safety data for that. And so when you see things like that, ladies and gentlemen, you should be very afraid, because people (inaudible)

Dr Wolfgang Wodarg 1:17:21

There is one other dimension, we just see the very actual reactions of the healthy reactions or toxic reactions, we don't see the long term damage, which may occur. And so something is in the cloud we do not yet recognise, but cos they have all the data and they have all this data collection of the people with the health data, they have the vaccination data, they have the testing data, and they have the genetic data, even if they analyse the PCR. So they can really find out a lot by those trials -

Mike Yeadon 1:18:05

yes

Dr Wolfgang Wodarg 1:18:05

- and find out whether their patents are worthwhile to be further (inaudible) on that.

Mike Yeadon 1:18:10

Now, I've seen that's a very good point you make Wolfgang that, yes whilst we know, an unprecedented large number of people have reported injury, and indeed death, the numbers of deaths they're huge for a vaccine, but they're not large, say compared with the normal death rates. So in advanced, plump, elderly western populations, somewhere around 1 percent, just under 1 percent of the population, most of the old people die every year, and if the vaccines have killed as many as one in a thousand, which is like a tenth, that would be awful and terrible crime, but it's not on its own going to move the needle on population. But if they do propose to return with more toxic materials in the future or to Wolfgang's point, maybe 999,999 people haven't yet learned what's in store for that. You know, if you've been given one of these materials, I just don't know what's in it that primes you for a very serious medical event in, you know, should you encounter some second stimulus, if I was a bad person, I could definitely design some nasty things using this technology easily.

Dr Wolfgang Wodarg 1:19:24

Mike, you have the experience, you know, you know how long it takes to prepare such a study? You know, it is not just a study, which is just improvised, but it's a study it seems to me, this is an experiment they prepared at least ten years ago, because you have all those vaccines that are now on running in trials 128 says the WHO were the two of them with self replicating viruses, and they saw it was published long ago, we just heard it, the veterinary they tried it out with animals already self replicating viruses. And now it's in the clinical studies with all those 120 different (inaudible)

Mike Yeadon 1:20:13

Yes, Wolfgang is saying and he's absolutely right I can exemplify, it's far too fast. If those programmes were initiated in response to, you know. December 2019 and onwards, then that's what, that's two years something like that. The preclinical phase, the amount of time we spend in the lab thinking about it, doing experiments, optimising, selecting the drug candidate, manufacturing it, doing toxicology, you

would you will be extremely unlikely if anyone who got into the clinic, maybe you could go more quickly these days. But if they're all in phase two, I'm afraid they (inaudible),

Dr Wolfgang Wodarg 1:20:52

Mike, you know better than anyone.

Mike Yeadon 1:20:55

Yeah.

Dr Wolfgang Wodarg 1:20:55

Those people know what they want to show -

Mike Yeadon 1:20:58

- yeah -

Dr Wolfgang Wodarg 1:20:58

- for their investors, and what they want to hide.

Mike Yeadon 1:21:02

Yeah, yeah, that's true. Yeah, that's very worrying. Yes. Go ahead.

Viviane Fischer 1:21:07

Ask you two things. Like, one thing is it possible to see like what kind of age group were affected by the respective toxic, do you know, batches? And the other thing is, is like when we talked about this beforehand, you said that there's only very few people maybe needed to do these kinds of variations, if it's done on purpose? I mean, it wouldn't change anything, because obviously it's out there to see for everyone, both for like government plus for the pharmaceutical companies themselves. So, I mean, if it was like a natural process, or like a, do you know, like just a problem of production, they would immediately interfere and change the system or take out like, try to resolve the problem, or even like put like a moratorium on it or something like that. So it's clear that it's, you know, it must be what's very likely that it's something like on purpose for that's going on, but like how many people would you actually see to be involved? And also, would it be possible to look at the age toxicity?

Mike Yeadon 1:22:14

Yeah, so I've noted that question, it's a good one. I will, again, I'll get back to the team. And I think it might be useful to have a different person from a team cos, you know, there are so many very good questions, they may know the answers, and I just don't like I said, I'm not the actual analyst, but to your question about how many people would need to be involved, and it's rather worrying that it might be a very small number. If you think about it, these are basically gene sequences so they're either sequences of RNA bases, one joined to another, or DNA bases. And we have machines that will synthesise that, and then once you've synthesised it you can then copy it ironically using PCR. It was originally invented as a manufacturing technique, not an analytical technique. So the process is fully automated, once you programme what it is you want the machine to make, and maybe it makes it in pieces, as I was describing for drug substance earlier. Maybe it's made in a few pieces and you warrant

each of the pieces is what you warrant, and then kneal them together using molecular biology, that could be how they do it. But when the machine is humming away and manufacturing the gene sequence, it looks exactly the same to a supervisor, or a shift worker, putting raw materials in and whatever, whatever it's making looks exactly the same. So it might be only, it could be as little as one controlling mind for the whole thing. Certainly per company, you don't have to have a team of forty sub consciating an argument, if you know what you're doing, and all you're going to do is change the code, one person wouldn't be enough. Of course, I don't know what they're doing. Some people have said, Oh, maybe they've added a chemical. I don't know. I literally don't know. But if they haven't, they might have just modified the gene sequence so that a different effect than the one we we expected to happen will actually happen. And I don't know how we're going to get it out of them. These things are actually very hard, I know, I don't want to go over this in great depth, but when I first heard that they were using these and intending them as a mass vaccination, when I left Pfizer ten years ago, techniques or materials like this, were almost a laboratory curiosity. We did attempt to use them in some experiments in cells and cell culture and they didn't work very well.

Mike Yeadon 1:24:46

There were toxicities associated with them, delivery to the inside of cells was problematic, stability of the material, even identity of what you were adding to the cell culture was often difficult to be really sure about and so the idea that within ten years, numerous companies are able to just manufacture these like m&ms and Smarties that doesn't that fit, for me. That's not possible. Yeah,

Dr Wolfgang Wodarg 1:25:11

We have some big responsibility now.

Mike Yeadon 1:25:14

Yeah.

Dr Wolfgang Wodarg 1:25:14

Because we have to think to spread this news, and I find it very, very interesting that there is this homepage, where you can find out how bad is my batch?

Mike Yeadon 1:25:28

Yeah. Yeah, that's one of the one of our team,

Dr Wolfgang Wodarg 1:25:32

I tried to find it in Google, but I did not get it. Google hides it. And I have put it on my homepage, you have to take a different searching machine and have different internet programmes to find it. But it's very good. All batches are there, even the actual ones that I use now that are on the market?

Mike Yeadon 1:25:57

Wow.

Dr Wolfgang Wodarg 1:25:58

And I have to say to all doctors, please, doctors now when you know that there are dangerous ones, and that there are less dangerous ones, if you really go on giving those jabs, you should at least have a look whether the batches you got to inject are those which are dangerous where you kill your patients, or whether they make less harm. But yeah, this and also the pharmacists what they have in their stock, they should have a look, and they should they should try to find out and first have to know what sort of batch they have, what sort of batch they use, and then they should use and then give it but you know. And every patient too, he should ask his doctor, he said Doctor, did you check it, that it's a [bad] batch or not. And this makes the doctor even be aware that there are bad batches. And even if the doctor starts thinking then he will find out why are that bad batches and good batches? This is not possible.

Mike Yeadon 1:27:08

No.

Dr Wolfgang Wodarg 1:27:08

If I give an injection and there's some label on it, it should always be the same one, what does he say to the patient. And perhaps he has a look on this on this information, and he starts thinking, I think this is a very important thing we have to tell the patients, yet if you are forced to take the jab, ask your doctor, Doctor, is it a good batch? or is it a bad batch? You know, there are good and bad batches.

Mike Yeadon 1:27:33

I think it's very important

Dr Wolfgang Wodarg 1:27:36

I'll show you the literature Doctor, please tell me is this a good? I'll come back when you can tell me when it's the good one or a bad one, then I'll come back. But now I don't take it is too dangerous doctor. You have to do it like this.

Robin Monatti 1:27:49

And we -

Dr Wolfgang Wodarg 1:27:49

- and then you can you can bring all those people that they start thinking and start researching themselves what's going on?

Robin Monatti 1:27:57

Yeah, that's the one that you're mentioning. We've published one of them on the telegram channel, and it's www.howbad.info? There maybe more, but the one that we put on our telegram channel is www.howbad.info so people can check that.

Viviane Fischer 1:28:12

I would like to ask one additional question. Are we sure that these vaccines are really produced, like for instance, on a Pfizer plant, or like a Johnson & Johnson plant because there's also companies who do the production process for like pharmaceutical company products. Like for instance, I think there's a company called Emerging bio solutions, and I heard, I'm not quite sure that they are involved in this

kind of production process as well. So it could be that it's actually like maybe one, like just one plant of a supplier, who makes all these vaccines with the ingredients according to, I mean, the protocol of each company, I mean, the pseudo or like the seeming protocol, but then we maybe have other protocols going on at the same time. But it could be that it's not really on one plant of the really visible producer.

Mike Yeadon 1:29:11

You're absolutely right? If people may not know this, but yes, although during my career, lots of companies acquired one company after another after another. What they didn't do is keep everybody, because I remember at one point one of my employers had like 47 production plants around the world. And now it's clearly that was just a consequence of four or five or six companies all rolling up together. And so what happened was, over time, some of those plants, they went through what's called I think it's a management buyout, an MBO, and they would acquire several of the estates of manufacturing and then they would provide a contract manufacturing specialty to the industry, not just their former owners. And you are right I won't name them because it could kind of blacken their name and they might not be involved, but yeah there's a whole parallel industry of contract manufacturers, and theoretically, of course, their job ought to be highly skilled in sort of regulatory and quality manufacture. And so that lifts the burden off of the drug company. Of course, in the end, what is it the drug company does? It's a, as a friend of mine remarked, it's a bank with a drugstore on the side of it, really? That's what they become.

Dr Wolfgang Wodarg 1:30:24

What about the clinical research organisations? Do you think there are big ones who are able to manage all this?

Mike Yeadon 1:30:30

Yeah, again most of the research is now told out so the manufacturer, you know, Moderna would be in charge of whatever it is that's been done, but the execution, the recruitment of patients, their screening, you know, the pre randomization visits, you know administering the substance, daily, weekly, monthly follow up. And so all of that would be managed through clinical CRO, clinical contract research organisation. That's true of toxicology, manufacture, clinical, and so in the end it's what's the core skill of the drug company? And I can't tell you anymore, and that's why a friend said they're like a bank with a drugstore on the side. And I don't really know what it is that's at the heart of these organisations anymore.

Mike Yeadon 1:31:23

It used to be certainly Pfizer was very famous for having drug discovery at its core. And it was led by people who were genuinely medicinal chemists, rather than biologists. So Wellcome was very much biology lead. There's nothing wrong with either you have to have you know, those kinds of skills. But what are they led by now? I would think profit motive and litigation expertise, because they know they're going to get sued, and so as long as they make much more money than they pay in fines, it seems to me that's unfortunately, the sad end of what used to be an industry I was proud to work in, and I'm not anymore. Even if I could, I wouldn't serve any of these organisations anymore. I think they've permanently done themselves in, in my eyes,

Viviane Fischer 1:32:09

Sort of in addition to my question, does it show on the sheets that come with the product where it's actually been produced?

Mike Yeadon 1:32:21

I don't think so. I don't believe so. No, you wouldn't be able to tell whether it was made in New Jersey or, you know, New Amsterdam, or whatever, I don't think so. The company will know, because there will be this identifying code, and they damn well better know, not just where it was manufactured, they better know where all the raw ingredients came in. And who started off step three, seriously, if they don't know that stuff, they're breaking the law because in order to do good manufacturing practice, you need to know the answer to that question. If a skilled investigator said I want to know, you know, everything about that particular batch, you know, I want to know what was the starting material three months ago, and what did you do to warrant that the supplier that sold it to you had the right quality, and purity and safety and so on. Every part of that needs to be demonstrated? So, you know, and that's why I think it cannot be an accident, because the normal discipline is incredibly, it's almost obsessive, and rightly so means that you can't end up with products with performance variability like this, because that implies different stuff in the vial. And that just can't happen by accident. But how many actors are involved? It could be lots or a few. So again, if we were thinking of, how could they, you know, how could something illegal be hidden? One would think it's not as hard as one might think, it really isn't.

Dr Wolfgang Wodarg 1:33:54

Just let us think where should I send the state attorney to find out?

Mike Yeadon 1:33:59

Where shall I?

Dr Wolfgang Wodarg 1:34:02

Where should we look for the files? Is it the clinical research (inaudible).

Viviane Fischer 1:34:07

I have one question, because you always said that, for instance, the Portelli Institute, that they would need to have kept some of the vials for like, retesting, or like as a I don't know what the term is for that. But so would they know where these these products were produced?

Dr Wolfgang Wodarg 1:34:27

I think they just rely on the data they get from users. That's what they said, they said we have a contract with them, and they have conditions they have to fulfil, and they have to give us a report. And we rely on the report of the producers. They don't do it themselves, I think. But I don't know it.

Mike Yeadon 1:34:47

Yeah, no that's exactly right. You rely on the assurances that are made and the internal so quality control processes of your supplier or your client, whatever it is as it passes down the chain, cos clearly it's not possible to personally warrant that all the starting materials are exactly what you say. So you have a series of like nested quality control and audit. So audit is the most appropriate way because

when you do an audit, you can take a cross section through any part of the research, development, and commercialization of a product, and they will do that, experience people with -

Dr Wolfgang Wodarg 1:35:28

- who pays that, he has a lot to say (inaudible),

Mike Yeadon 1:35:31

yeah, no that's a good point. Yeah, if you end up with the regulator's being funded by the drug companies, which I think is true, actually, it's called PDUFA The Prescription Drug User Fee Act.

Dr Wolfgang Wodarg 1:35:45

There are some people who make the control the pharmaceutical controls in the countries and German (inaudible), they have pharmacists to normally control whether what is written on the label is in the drug. But they are not able to do it now with this new drugs, they are not able to. You have to sequence, or you have to have special techniques. So it's not possible to control it by that it is done by those institutions that are normally protecting us from such a thing.

Mike Yeadon 1:36:19

Yeah,

Dr Wolfgang Wodarg 1:36:19

they are not able to do it.

Mike Yeadon 1:36:21

No, I agree. Yeah, see the analysis is not straightforward as it would be for, you know, in the case of a pill that contains say, 50 milligrammes of whatever, some new antiviral, that the chemical structure would be declared, and therefore the analytical performance, the wavelengths of absorption of light and the molecular sizes of the fragment of it in a mass spectrometer, yeah, all of those things, we would know how to confirm that it is what they say. But some of the genetic bases, RNA and DNA are non natural, I think they've modified them. There's nothing wrong with that as long as you declare it, but what it means is that, in order to stabilise the product, some of the bases are non natural, so not found in nature, and some of the analytical techniques won't pick them up, you know you may need to develop a new methodology even to check the product. So it's tricky, really tricky.

Dr Wolfgang Wodarg 1:37:21

Yeah, if they would be forced to tell the sequences [the] exact sequences, you could make a PCR behind them sequences,

Mike Yeadon 1:37:33

yes.

Dr Wolfgang Wodarg 1:37:34

And the PCR could be spread, and on all the control institutions could use the PCR and use it with the drug.

Mike Yeadon 1:37:41

Yeah,

Dr Wolfgang Wodarg 1:37:41

they can see whether the sequences are in or not. But they would not find those sequences they don't know.

Mike Yeadon 1:37:48

No.

Dr Wolfgang Wodarg 1:37:48

They only will find those sequences, which are labelled. And so this doesn't help us.

Mike Yeadon 1:37:56

No, yes that's right. Even if you had a pure sample just the solution, and you wanted to establish what was in it, if you don't know which non natural nucleic acid, RNA and DNA, if you don't know which ones they've used, you cannot then design an analytical system to sequence it, cos it'll be wrong if you know you, this is a serious problem, it really is. It's no good just seizing a sample, and you could have the police go in and seize the samples and then a week later we'd know what it is. You can't measure that which you're not even knowing to look for. It's an incre, again that's something I learned in my forensic science, you know, placement, it's incredibly difficult to work out what's in a person, if they've died, or in a vial in this case, unless you, if you start by you have some presumptions, then you can confirm those or show that it's not true. That's the routine technique. If you don't know, for example, what's killed a person and you suspect you have a suspected death? If you don't know what to look for, it's incredibly hard. And the same is true here. We don't, I could imagine many different schema that would produce the effect that we've got, but you know, but there could be a hundred others, and it might be none of the above. So unless somebody leaks this information, all we can do is present to both the public, the professionals like the doctors, Wolfgang, as you said, and the companies themselves if someone will hold them legally to account, then yeah, then they would have to answer questions as to well how are these erratic performing batches? How has that come about? That would be my first question. Yeah. If you agree that's the record, how did that happened?

Dr Wolfgang Wodarg 1:39:49

We have enough information with this variation of toxicity. You have enough information as to stop all of them.

Mike Yeadon 1:39:56

Yes,

Dr Wolfgang Wodarg 1:39:57

Normally, we should just, we have concerning the legal framework of pharmaceuticals, we could now say no, not one single jab anymore, because we have these findings. This is enough normally, for the FDA

Mike Yeadon 1:40:12

Yes that's a very good point actually I should have made and will make again, yes, that in view of the fact that a team has established and these are independent people, we came together because we had this common interest, we didn't come together and then do the work. So these are people who've come from very different skill sets. But we all agree that there is extreme variation in the toxicity profile, that we all agree that. There are some other nuances -

Dr Wolfgang Wodarg 1:40:43

Its clearly (inaudible)

Mike Yeadon 1:40:47

There is some emerging data that suggests this, you may have seen a film called Death by Alphabet, and at least for one manufacturer, it does horribly, it looks like the ordering of toxicity does relate to the alphabetical sequencing of a middle letter in the code. But I'm not in a position to say whether that's true or not, but I can assure you we're doing additional work. Additional work is going on Reiner, so if that work turned out to be the case that that clearly can't be chance, I don't think, so you know if that's true, that would greatly augment the case. But yes, Wolfgang, personally I would have been satisfied. Well, as you and I know, back in December [20?]20, we thought it was inappropriate to use these at all, it would have been better to have allowed early treatment to have been used, and I think that would have, it would have meant only the people who needed intervention would have received it and everyone else be left alone, whereas this mass vaccination is introducing dangerous, poorly characterised materials that are also now being manufactured in a very suspicious way, are being given to a very high percentage of the population. And as I've said before, there's very clear evidence of heavy duty deception, censoring and control of narrative that when you then take that, together with these observations of the vaccines, could easily be at the worst end of people's worries, you know, like depopulation.

Mike Yeadon 1:42:26

You certainly, anyone who's heard this now, I think they'd be foolish to dismiss the idea that there's a takeover and that they might want to kill quite a percentage of the world's population. That's absolutely possible. I can't know that that's what they're doing, because not my crime as I've said before, but if you just look at the creeping authoritarianism, vaccine passports, I don't know if you've had any other speakers talking about it, I think you had Robert Malone, but just to say again, this [is] to anyone who doubts it. If you've been vaccinated, you've received double jabs, whatever it is that one of the products, you're not safer to be next to than I am. You're not. The evidence is they don't stop you acquiring the infection, so it doesn't do you any good. And it does not stop you transmitting it, for example, to me. I, by sheer luck, actually was ill for a few weeks in the summer, and I had a test and I was positive so maybe I've had it. And if that's true, I've got good immunity. So I ought to be someone who would say, well I can't I can't give it to anyone because I can't now get clinically ill with it. It's just nonsense all the vaccine passports. The only people they benefit are the people who are pushing them, like Gates and Blair, and Schwab and other people.

Mike Yeadon 1:43:53

They do not make you safer. It's very important that I say that because I am very worried that I don't know what it is Professor Mattias Desmet said there is this mass formation in people in greater fear than they should but it's been pushed for that reason. If those people think vaccine passports and people who've been vaccinated are safe to be around or safer, and you know, I'm a dirty individual [who] has not been vaccinated, that's not true. But if they believe it, if I try and say look these vaccine passports are really digital ID and they're going to remove your human liberties, they'll fight me because they'll think I'm trying to remove something that's essential to their safety. So this is literally a diabolical scheme because I can see how much resistance there will be to removing it, vaccine passports if they're introduced into a society. And so it's easier said than done, but my earnest hope is if we stop them being introduced in the first place, if you possibly can, it's so much easier to prevent them being installed and to remove them afterwards. I don't know how to get rid of them. Sorry, Wolfgang,

Dr Wolfgang Wodarg 1:45:03

They also try to make us get lost in details.

Mike Yeadon 1:45:08

Yeah

Dr Wolfgang Wodarg 1:45:09

It's such a big crime. It's so obvious now. No discuss all those details they offer us to discuss.

Mike Yeadon 1:45:17

Yes, no they are exactly.

Mike Yeadon 1:45:17

No that's right.

Dr Wolfgang Wodarg 1:45:17

We have so many things, they send us other specialists and they speak about details and variants and (inaudible) test and you just, it's a nonsense. It's a big, big crime, and it's so obvious now. What we have to do is to wake up the doctors and to wake up the pharmacist and to wake up the people that they are just victims of criminals.

Dr Wolfgang Wodarg 1:45:29

I think the people now running on the street in our German towns and everywhere in Europe and all over the world, they know it already. They know it. And they are aware. And we have to we have to strengthen them and give them all the arguments and to persuade the other people to follow them on the street and to be on the street too and to say no to this crime. to this very, very big crime.

Mike Yeadon 1:46:07

Yeah, no, absolutely. We can take it back.

Dr Wolfgang Wodarg 1:46:12

For the so called (inaudible), the walkers that stroll around the streets in Germany, I made a short speech of 15 minutes where I tried to explain all this, we speak about no more than one hour. And I tried to explain it because it's so important that we give this information. And to give them the arguments to convince all the neighbours come out, come out. Don't tolerate this anymore.

Reiner Fuellmich 1:46:43

Well Wolfgang, here's the thing. At this point in time, I think this is really this must be considered the missing link. This is the smoking gun. If you look at the totality of the evidence, if you look at what we've been talking about the fact that these vaccinations are not vaccinations because what is a vaccine? It's something that makes you immune. Now these shots do not make you immune, even the makers of the vaccines admit that. They don't make you immune. They don't protect you in any way. Secondly, we've been lied to. We all know we've been lied to right from the start. Third, starting with the PCR tests and asymptomatic infections, that's what they needed in order to start this whole thing in order to get the Public Health Emergency of International Concern, which ultimately led us to the so called vaccinations. And there's lots of censoring going on, lots of censoring. Why is that?

Reiner Fuellmich 1:47:40

Well, if you look at this piece, even without knowing any more, any of the details that we've been speculating about, it is enough to show us that what is happening is their experiment, within this gigantic experiment, they're experimenting with lethal dosages. For what purpose? For what purpose? It can only be done, because they want to reduce the population without us understanding this. That's why they're experimenting with lethal dosages. Because if they killed everyone in one, at the first shot, it would be very obvious. So that is what's happening. That's enough for me. That's way more than enough for me and should be way more enough for any prosecutor. We're gonna get them. We're gonna get them.

Mike Yeadon 1:48:30

I hope so. And the reason, one of the reasons I also thought depopulation was likely was that early on, we had people like Bill Gates, yes he's a rich man and he's influential, but he's not a biologist or a doctor of any kind.

Reiner Fuellmich 1:48:49

Yeah.

Mike Yeadon 1:48:49

And he was on the TV saying, the world won't return to normal until pretty much everyone's been vaccinated, and I thought, that's just the most stupid nonsense I've ever heard. You only need to, vaccines have never been used to extinguish a pandemic in human history. So this would be novel. So, yeah and then next you only vaccinate people who are themselves at severe risk of adverse effects, including death, if infected. That's it. So I knew he was lying when he said that. He's not competent to say it, so he must have another reason for saying it.

Reiner Fuellmich 1:48:51

(inaudible)

Mike Yeadon 1:49:29

and he said it repeatedly, but then I'll tell you what, then I heard Blair, another well known biologist, talking about the necessity to have this vaccine passport set to reopen society. It's just, hold on, is this the same Tony Blair, former British Prime Minister, who tried unsuccessfully to introduce digital ID into the British system? Yes, its the same guy. So it was obvious that's what it was, even though we didn't yet know what the performance of the vaccines were, but we did know that the trials didn't include transmission, they were not looking to see whether transmission was reduced. That would be the only possible argument, I think, for vaccine passports or basically insisting that to protect society, you should be vaccinated. I would have a problem with it anyway, I think I heard Jordan Peterson speaking about this, and he said that he thought that the measures that were being introduced quotes "to make us safer", were likely to have a much more dangerous effect on the population and civil society than the effect of the virus. And he said, they're not comparing what's the impact of these imposed measures on civil society, and the rule of law and so on, compared with the unmitigated effects of the virus.

Mike Yeadon 1:50:47

And he said, clearly you need to weigh these things up. And he said, in my mind, the responses to the virus are much more dangerous to the alleged stability of society than the virus. And he's right, and it needs clever people like that just to sort of look at it from a philosophical point of view, not just science, because then you get the the higher priest syndrome where if Sir Chris Whitty this or Sir Patrick Valance that, that then becomes law almost. And people like Wolfgang or myself don't get to contribute to it, and so I knew Robin has been spending a lot of time talking about bodily integrity. These are not rights that your governments can give away. They're yours. We've agreed them between us as human beings, through the agency of our governments over the years. We've signed up to these UN bioethics agreements that says, we're not going to allow human beings to be coerced into medical experiments, we're not going to allow it. But that's what's happening in your country. They're saying you can't go to work or to a shop or to a social event, unless you take this jab. That's the same as being forced to take part in a medical experiment, that's something we've decided is never going to happen. It's in breach of half a dozen agreements and compacts physicians have with each other and their patients, between law makers of different countries and their citizens. They don't have the bloody rights to take that away. No. So we've got to come out on the streets and just say, hold up the sign that says, I'm not doing this anymore. Yeah, we do -

Reiner Fuellmich 1:51:42

not consent because that's what this is all about.

Mike Yeadon 1:51:52

I do not content I'm not going to comply.

Robin Monatti 1:52:27

What I want to say is that I agree that Mike's presentation is from the work of the virus is a very convincing smoking gun, but I think we've got at least two smoking guns. The other one is, as you were mentioning, to do with a very blatant violation of human rights, that the problem is that people don't seem to know about these rights. So we have two smoking guns. Inevitably, at the stage, we are at now

where divisiveness is encouraged by the authorities, we have a very divided population, and some will refuse to see either one or the other, if not both smoking guns. And in that case, it's very important to get this information that you presented today out. Inevitably, some people will reject it, as they have rejected other evidence so far. For those people, we also have to try and show them the smoking gun of leaders, very obvious leaders, including, as mentioned before, Bill Gates, and Macron, who are actively using words which are in complete violation with our human rights. And that is, in my view, an incredible smoking gun, if we use their words, and we compare them to what our rights are, that is a smoking gun of human rights violations, amounting arguably, to crimes against humanity. So we have at least two, one is medical scientific injection and toxicity adverse events level, and the other one is for people who maybe are less versed with the even, you know, for some people might may find it difficult to even understand what VAERS is, I mean, we (inaudible) with it. So for those people, I think it's very important to show them another level of smoking gun, which is entirely to do with human rights. And as you said, bodily autonomy is something that people tend to understand and that there's a huge push now to use the together group in the UK to sort of to show the two aspects. So I think that there's some people may have different vision of smoking guns. I just wanted to put that out there.

Mike Yeadon 1:54:46

Yeah, no that's very important. I think there's not been that many people with tremendous reach. I'm kind of on the lower margins, but certainly people like Malone and McCullough and a handful of others. In a sense, I think you're alerting me Robin to the idea that I'm seeing this through this sort of medical scientific lens, because that's the kind of person I am. But that can't be the only, that cannot be the only way of trying to communicate with people because most people don't see the world through those lenses. And in fact, in a pissing competition, they're more likely to give the government the benefit of the doubt. And that's why I've not been comparing their opinion with my opinion, I'm saying that it's a matter of fact that they're telling you something that's not true. Because now you're, I know it's a different question, although the matter is scientific, I'm asking them to judge whether my assertion that they're being lied to, is correct. Right. And if you think I sound competent, and honest, and you can go and check some of the things I say and think, Oh, my God, he's right that they are telling us lies, that's a completely different category of decision for the members of the public.

Mike Yeadon 1:56:05

And so I have been exhorting my medical and scientific colleagues for about a year to say stop engaging in pissing competitions by sharing your analysis of the cases data, no one gives a shit. They're always going to ascribe a little bit more trust to government scientists, or people who are knights of the realm and Lord this and so on, that's what will happen. We know this from Milgram experiment, they're always going to give them the benefit of the doubt. So luckily, for me, they are lying. And I can use the L word all the time. If they want to come and sue me, you know what I would welcome it, you will lose your guys, you will lose. So by all means, put me in my place and sue me. I look forward to seeing you in court.

Reiner Fuellmich 1:56:06

I have no doubt that if we talk to all of the experts who we've spoken to, the psychologists, the psychiatrist, the epidemiologist, immunologist, the lawyers, the economists, they will all come to the same conclusion: this is intentional, premeditated mass murder. There's absolutely no doubt about it,

because nothing else makes any sense. And just by coincidence, you mentioned Bill Gates, there's two more smoking guns we have here. We have two short videos, very short video clips. One of them shows, you know them, but one of them shows him explaining about the, I think it's about 15 years old, explaining about the return on investment that you get from investing in pharmaceuticals, in vaccine makers, rather than the tech industry. And the other one shows him, he looks like a complete imbecile, he's being interviewed by the CIA, I think,

Mike Yeadon 1:57:23

yes,

Reiner Fuellmich 1:57:45

he looks and acts like a complete imbecile. It is inevitable you must come to the conclusion that this is a psychopath.

Mike Yeadon 1:58:01

Yeah, I'm afraid so. Yes, I think that's the video where I think he's about 40 years old, and he's being investigated for, I don't know, inappropriate competition, something like that.

Reiner Fuellmich 1:58:13

Yeah.

Mike Yeadon 1:58:13

And he's rocking just sort of like a nutcase, and basically, he's asked the same question several times and then he starts to dispute the meaning of the words in the question. Like, I think it said, what other browsers were you concerned with in the year 1990, or whatever it was, he said, I don't understand what you mean by the word concern. It's like, Yeah, you really? Yeah, you definitely are. You do know what he was getting at, but he was going to not answer by just pretending. Or maybe he didn't, maybe he genuinely didn't understand what was meant on this occasion.

Reiner Fuellmich 1:58:46

Oh he did.

Mike Yeadon 1:58:47

Yeah, do you know what? I don't get into the who's done it cos I genuinely don't know. All I know is that there are a handful of people who are part of the perpetrators. So I mean, honestly, you couldn't come up with a more Bond villain person than Klaus Schwab hes' just wonderful, isn't he? Honestly. And Tony Blair, come on, and then Gates.

Reiner Fuellmich 1:59:12

(Inaudible)

Mike Yeadon 1:59:14

But honestly, I think even these people they're very wealthy puppets, but they're still puppets. I think it's the people above them, we're never gonna see them, we don't probably even know their names. And I

think they're the super capitalists. These are like the central banking class Catherine Austin Fitts calls them. So there's no point, I know, eventually, we have to accuse certain people and they definitely are guilty of the things that we're saying, but I don't know how you get at the people behind them. I mean, Reiner, you probably have a better idea of how hard it is.

Mike Yeadon 1:59:48

But when people say who's doing this I go, you know, I don't know. It doesn't make any difference. Am I gonna do something different if it's person X or person Y? Not really. All I can do is tell you that you're not being told the truth, and these bloody products are dangerous and they're lying to you and it cannot be accidental. So that's bad enough and just stop cooperating. Masks don't work. They can make you ill, at least they'll make you frightened. You'll look around and notice that everyone's wearing masks, surely your hindbrain lizard brain is telling you well that means there must be a hazard. It's all about maintenance of fear so that you never can relax back into a normal life but stop wearing the mask, stops admitting to testing, don't let them vaccinate you, you know, if you unless you, whatever you don't need them anyway, they're not safe enough these bloody things. And it was not likely really warp speed. Come on, you can't invent a new class of medicine at warp speed and expect things to be all right. That's not how biology works. God and nature don't let you do that. And so yeah, we just need to take back our power as they say, you know, and I think some of Robin's points are really important. You are being abused. We are all being abused by these people, the narrative, the censorship, you know, the lying, you know, it's ghastly, it's worse than anything that we would have said, you know, those people in the oppressive states over there in the east or whatever, you know, whatever we are worse, we are now I think we're worse than people we've criticised in the past. I've said to people that, you know, if you think you're going to get another chance to, as it were, vote this lot out, whistle for it. At the moment democracy is dead, and all the institutions that would normally defend us are malfunctioning or corrupt. So and I've mentioned the Royal College is just absolutely appalling. The Royal College of Obstetrics and Gynaecology isn't protecting pregnant women, they're not. They're actually throwing them under the bus. They're saying go and get these not tested vaccines. And it's literally criminal, you should be ashamed of yourself.

Mike Yeadon 2:01:55

And I've said to people who are working in any of these big companies, if you've got any self respect, you should do at least two things. One is go through the complaint process, go and see your boss, and if they won't talk to you the boss's boss till you're at EVP level board member. And, you know, if you don't get good answers and you're not, you only need to resign publicly. Come on, some of you are in your late 50s, you can afford to stop earning. Look yourself in the mirror and be able to say I did something to try and save my children and grandchildren resign for Christ's sake. Imagine if hundreds of you senior people in your 50s resign all at the same time, it would be unhideable. You can do that. You should do that?

Viviane Fischer 2:02:37

Well I mean, like what Professor DeSmet said, you know, if it's like the hypnosis can be like kind of poked open by like a large enough shock. And, you know, this, like, what you what we discussed today, I find this so absolutely shocking, and it absolutely grosses me out if this turns out to be correct, because, I mean, just imagine this sort of brain or like person or like, you know, this constellation that

you do something like this, I mean, you can maybe, you know, pick measures that are exaggerated or like that, you know, maybe you have political ideas, you know, that are maybe not not adequate or something, but like this thing, you know, that you'd actually do this kind of experimenting with like toxicity levels, I think this I mean, this is really going to give me a very, I don't know, very tough night, you know, it's really nightmare inducing.

Mike Yeadon 2:03:33

It is very bad. One of the reasons I came, I'm in America now. Legally. I'm properly visa'd. One of the reasons I came here is not just to escape what might happen in the UK, and I'm very worried about that. I mean I have been very vocal as a critic of the government. And it occurs to me that at some point, they might decide censorship is not enough and they'll just come and pick me up in a dark window van. I don't fancy that. But the other reason I came to America is, I'm in the Southern half of America, I realised that people don't recognise evil anymore. They think that there's like a continuity good to not very good, and then maybe a bit bad. But I think you've just made the point. This is like, you know, orders of magnitude worse, this is something none of us who are not psychopaths could possibly do, and still survive, still sleep. But some people are able to do this. Now, I don't know whether they've got some sort of internal justification, like the world, the environment will be destroyed if we don't reduce the population, so this is a tough job and I've got to do it. I think that's bullshit, by the way, but you can imagine someone kind of decided to fill themselves like this.

Mike Yeadon 2:04:49

But like I said, I think we've come to rely on, and I'm afraid I'm the most guilty of all of this, I've relied all of my life as it were on the scientific method that can be done publicly, as a way of deciding things that can be that are objective. Obviously, everything else is a matter of opinion. But anything that's kind of objectively measurable, the scientific method will do. But it doesn't, it doesn't when you, when it comes to matters of the heart and of the mind where it's not, you're not trying hard, or maybe sometimes falling short, you're doing something that's evil, scientific methods are useless. You need other tools, and I don't really know what they are, but they include religious faiths or, you know whatever, what you think is the right conduct for a human being. And, you know, that's that can't be found through science. And you are right. I don't want to give you a bad night, but if that is the effect of what I've said for people hearing this the first time, then I'm glad because it's hitting home.

Mike Yeadon 2:05:45

When I first, I can't tell exactly when it was, but when I when it first occurred to me that oh, my God, and the bits only fit together if this is about control and potentially population, I can assure you I didn't sleep well, I didn't sleep properly for weeks, two hours at a time, and I would wake up, I would open my eyes, and I'd see evil just out in the dark. Whatever's going on whatever's driving this is darker than anything that's happened this century. But unfortunately, there are numerous examples in the last century of people who are able to do this. I remember famously, one of the statements that I think Starlin or attributed to him was that a single death is a tragedy and a million is a statistic. And I think there are plenty of people involved in this crime that think that way. Probably if they injure the person or someone close to them suffered and died, they would cry just like you and I, but they have no problem in giving an order that will result in ten to the six or seven people dying, I think they have no problem with it. And that's

Reiner Fuellmich 2:06:51

Mike, it's the same people. It's the same people who have been responsible for all of these horrific things that happened over the centuries. I remember Vera Sharaf telling me that she couldn't believe, she's a Holocaust survivor, she couldn't believe she's still fighting the same people, or at least the same system that she fought 80 years ago. So we're dealing with the same structures, we're still dealing with the same evil minded people, but this time, we're going to do them in. This time is different.

Mike Yeadon 2:07:24

We're definitely gonna do that. Yeah, we won't stop, and there are too many of us who have woken up and more all the time. So yeah, you'll see hopefully like a relay. I say to people, I describe it as a resistance relay. Do what you can. Don't be me, I know, it's hard being me. And each expert brings their own expertise, their own style. Things they say. But if you know that this is wrong, if you've accepted this is wrong, then you don't need to stay quiet cos you're not a scientist, that's absurd. You know Robin's pointed out that our human rights that we have agreed things postwar and so on, that we've decided we're never going to do again, they're being transgressed. You can stand up and say that, and you know we're not taking this anymore. So the resistance relay is an idea. You don't need to have any specialty at all other than I guess a backbone. If you've got a backbone and you think this is not right, that's your minimum qualification. You don't need to have any special qualifications, just be a human being and say, we're not having this. That's all. Okay.

Reiner Fuellmich 2:08:31

Michael, thank you so much. This makes a huge difference. This is in my view, as I said, the first thing that got me when Wolfgang and I were riding the subway in Berlin over a year ago, he casually mentioned that he asked me, you know of course that the PCR test cannot tell us anything about infection. I pulled him back into the car and asked him what? So that was the first, that was the first smoking gun, but this is much more important because this is going to wake up so many people.

Mike Yeadon 2:09:06

I think they're both, I hope that's true and it should wake up people because it's shocking, but you are right I think, Wolfgang, the inappropriate use of PCR, plus the lies including asymptomatic transmission, I think that was absolutely required to establish the sort of the mass formation to get people frightened. The irony is now that the leaders are even telling us now that the masks don't work, there's question marks being asked or statements being made even by senior leaders saying well these cloth masks don't work, you know new data. And they, I think Wolfgang they've changed the or withdrawn the approval for certain PCR tests are now, if I and then we, I would like to attach Corvin the two interviews I've got, the one with The Highwire, Del Bigtree but also this accumulation of 16 minutes of film, which has Fauci and (inaudible) telling you that asymptomatic transmission has never been the driver of respiratory viral epidemics. That's the exact quote. That's all I'm saying. So I don't know why you think I'm a conspiracy theorist. I'm saying what he has said. It's just he's changed his tune. Every few weeks, he says something different. And then suddenly, he is "the science". It's just nonsense. He's a liar. Anyone who follows Him, given the evidence of his repeated lies, you know, I'm afraid is a bit foolish and I ask them to look at this in the realm. It is not normal what's going on, is it?

Reiner Fuellmich 2:09:42

No.

Mike Yeadon 2:09:43

And I've been told no one's coming to save us. I know, there are some people, I know some people who know it's not right. But they're kind of sitting tight. They don't know what to do. And they said, If I speak out I'll lose my job. I say if you don't speak out, you will lose your liberty permanently.

Reiner Fuellmich 2:10:57

And your life,

Mike Yeadon 2:10:58

And possibly your life, you certainly will lose your liberty permanently. So I don't understand that the people are choosing. They can get another bloody job, even if you didn't get fired, you know, take a holiday, you know, say to yourself I'm going to speak out cos it's the right thing to do. And if I get fired, I'll be jobless for a year. The people who are professionals that are earning big salaries can easily cope with a year of not having any income, it's different if you're like 30 something and you're the sole breadwinner, I understand you're paying, you're looking after three or four people. I'm not asking you to sacrifice your job, that's crazy. But honestly, you senior consultants, people in your 50s and 60s, get off your butt, you know, make public statements, make them fire you, take them to court. You're strong enough to do that. You've got the resources to do that. If you don't do that you've allowed your children and grandchildren just to be grounded underneath the tracks of this monster. That's what you're doing. So stop it, we can do it. Alright I'm going.

Reiner Fuellmich 2:11:57

We will do it. These are crimes against humanity Mike, absolutely no doubt about it. But we do have a few friends of humanity amongst us as well.

Mike Yeadon 2:12:07

All right, well, good afternoon. good evening and to anyone who spent all the time watching thank you for your patience. I wish I could do the short form but sometimes you have to have the long form in order to then, you know, take the skin underneath from it. So thank you very much for watching and, you know, do something with what you've heard today, please.