Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar y effaith pandemig COVID-19, a'i reolaeth, ar iechyd a gofal cymdeithasol yng Nghymru

This response was submitted to the Health and Social Care Committee consultation on the impact of the COVID-19 pandemic, and its management, on health and social care in Wales

COV 12

Ymateb gan: | Response from: Wynne Jones

Report into the Impact of Covid 19 crisis and its management on health and social care in England and Wales.

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Report commissioned by BGB https://biggeesblog.cymru/
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Introduction

This report has been prepared following a two-year investigation into the management of the Covid 19 crisis in England and Wales. It is based on scientific research and correspondence with stakeholders, as listed below. Correspondence is continuing and subsequent versions of the report will be published at a future date to reflect new findings.

- UK Health Security Agency [former Public Health England]
- Medicines and Healthcare Products Regulatory Agency [MHRA]
- NHS England
- NHS Wales
- Public Health Wales
- UK Government Cabinet Office
- Welsh Government
- Welsh Parliament
- Various academic institutions and Universities
- Other stakeholders

The investigation terms of reference are set out below.

Investigation Terms of Reference

1. *Liaise as necessary with; UK Government Cabinet Office, UK Health Security Agency, Medicines and Healthcare Products Regulatory Agency [MHRA],NHS England, NHS Wales, Welsh Government, Welsh Parliament, Public Health Wales, Local Authorities and other public bodies to establish the facts.*
2. *Assess the validity of RT-PCR test for diagnosis of Covid 19 infection, with reference to recent court judgements.*
3. *Establish why the RT-PCR test has been run at amplification cycle threshold [C t] 45 in England and Wales to provide false data.*
4. *Investigate the roll-out of experimental mRNA therapeutics [vaccines] under emergency use authorisation.*
5. *Examine information provided to "vaccine" recipients to establish whether informed consent for an experimental unlicensed treatment has been provided. Phase III trials are due to end in 2023 / 24. Informed consent is required under the "Nuremberg Code".*
6. *Investigate the failure to inform the public of vaccine-related life-changing injuries and deaths recorded by MHRA on "yellow card" monitoring system.*
7. *Investigate the use of the drug "midazolam" in healthcare setting to establish whether euthanasia has been used as a medical protocol in England and Wales. Midazolam suppresses the respiratory system. Covid is a respiratory disease.*
8. *Examine the allocation and management of public funds during the crisis.*
9. *Examine the impact of the face mask policy on school children in England and Wales. Establish why risk assessments were not undertaken by UK Government, Welsh Government and / or Local Authorities, given the known risk of hypoxia, hypercapnia and bacterial pneumonia from prolonged mask wearing.*
10. *Review ongoing litigation on Covid-related issues and draw court judgements to the attention of stakeholders.*
11. *Examine enforcement powers under Coronavirus regulations laid before UK Parliament and Welsh Parliament, as the regulations are based on results from the flawed RT-PCR test which, in turn, is based on a fraudulent scientific paper.*
12. *Examine funding arrangements to establish whether there are undeclared conflicts of interest involving Government advisors / pharmaceutical companies / medical regulator [MHRA]. The MHRA is part-funded by the pharmaceutical industry and a private corporation [Bill and Melinda Gates Foundation] that has substantial investments in the pharmaceutical industry. Gather evidence to establish whether there has been misfeasance or malfeasance by officials in public office.*

13. *Examine the science to establish whether pseudo-science has prevailed over proper science, given the unprecedented level of censorship now in place.*
14. *Present findings to UK Parliament Welsh Parliament and Welsh Government and to the forthcoming judge-led independent UK public inquiry announced by the Prime Minister.*
15. *Present findings to the police following the verdicts, sentence and warrants issued by the International Common Law Court of Justice 15 January 2022.*

Executive Summary

A summary of findings / concerns is set out below in bullet point format.

- SARS-CoV-2 has never been isolated, purified and visualised and thus has not been shown to exist [and logically, neither does variants like delta and omicron].
- The false narrative is driven by the flawed "germ theory" rather than the more plausible "terrain theory".
- The PCR test is not testing for the "virus". It is based on a fraudulent scientific paper.
- Face masks are dangerous; they restrict oxygen and eventually cause bacterial pneumonia.
- Quarantine for the healthy population is dangerous as it significantly suppresses the immune system. There is no credible scientific evidence supporting the alleged danger from "asymptomatic transmission".
- The global mainstream media receive significant funding and sponsorship from the pharmaceutical industry promoting the "vaccination" agenda. This has resulted in fact-free hysteria generating fear.
- Global technology corporations have promoted pseudo-science while censoring proper science.

Concerns are examined in more detail under the respective sub headings below.

Flawed testing process

It should be noted that a training exercise predicted the "pandemic" just weeks before it started. In October 2019 the "World Economic Forum" and "John Hopkins University" held "*Event 201*". This was a training exercise based on a zoonotic coronavirus starting a worldwide pandemic. The exercise was sponsored by the "Bill and Melinda Gates Foundation" [BMGF] and GAVI, the vaccine alliance. The exercise published its findings and recommendations in November 2019 as a "call to action". One month later, China recorded their first case of "Covid 19 infection". The scientific basis for Covid 19 tests is questionable. The genome of the SARS-CoV-2 virus was supposedly sequenced by Chinese scientists in December 2019, then published on 10 January 2020. Less than two weeks later, a German virologist [[redacted] et al] had allegedly used the genome to create assays for RT-PCR tests. They presented a scientific paper, "*Detection of 2019 novel coronavirus [2019-nCoV] by real-time RT-PCR*", which was submitted for publication on 21 January 2020. It was accepted for publication on 22 January 2020, meaning the scientific paper was allegedly peer-reviewed in less than 24 hours: a process that typically takes months. Since then, a highly respected group of 22 international virologists, microbiologists and related scientists published a call for the scientific journal "Eurosurveillance" to retract the article by [redacted]. The external peer review by the 22 scientists revealed, inter alia, 10 major scientific flaws at the molecular and methodological level, and concluded that the test should not be used for the diagnosis of viral infection. They also requested the release of the journal's peer-review report, to prove the paper really did pass through the peer-review process. The journal has yet to comply. The [redacted] assays are the basis for every Covid RT-PCR test in the world. If the test is based on a fraudulent scientific paper, every test result in the world is also questionable. The invalidity of the RT-PCR test for diagnosis of Covid 19 infection, as confirmed in court judgements, undermines UK Government and Welsh Government Covid response strategy, policy, regulations and actions. Public officials have made drastic public health emergency decisions, based upon faulty RT-PCR data which, in turn, is based on a fraudulent scientific paper. These decisions have impacted our civil liberties, economic viability and educational systems, among other things. The test is not designed to diagnose illness. The Reverse-Transcriptase Polymerase Chain Reaction [RT-PCR] test is described in the media as the "gold standard" for Covid diagnosis. This conflicts with the view of the Nobel Prize-winning inventor of the technology who confirmed that the test was never intended to be used as a diagnostic tool. The test has a history of being inaccurate and unreliable. The RT-PCR tests for Covid are known to produce false-positive results at the amplification cycle threshold used in the UK, Europe and USA, by reacting to DNA material that is not specific to the SARS-CoV-2 genome. Amplification cycle threshold [C t] of 45 has been used in the UK. This amplifies the fragment of genetic material 35,184,372,088,832 [35,184 billion] times, hence the false results. The genome of SARS-CoV-2 virus was part-constructed using a computer model: the genome has not been fully sequenced anywhere in the world [including China]. A computer model was used to fill gaps in the genome. In Germany, tests are known to have reacted to common cold viruses. The late President of Tanzania, [redacted], submitted samples of goat, pawpaw fruit and motor oil for RT-PCR testing: all came back positive for the virus. Information accompanying the test kits clearly states that the test may not only react to SARS-CoV-2 but also other viruses [this includes the common cold and seasonal influenza] and even bacteria. Complete purification is an indispensable pre-requisite for virus identification. The primers used in the test are an infinitesimal fragment of the alleged SARS-CoV-2 genome made up of 18 to 24 bases [nucleotides] each, while the SARS-CoV-2 virus is assumed to consist of 30,000 bases i.e. the primers represent only 0.07% of the virus genome. As the viral genome was part-constructed by computer model the process represents scientific fraud, hence the ongoing

litigation. It is not possible to establish whether the test has adequate specificity and sensitivity. The true false positive or false negative rate can not be calculated because there is no control data to compare it to. The test can not detect new variants as the test would need to be re-designed / recalibrated. RT-PCR test cannot be used to detect viruses that have not been decoded [sequenced] beforehand. A complete decoding of SARS-CoV-2 genetic material - which is necessary in order to know what exactly is being replicated using RT-PCR - has never taken place. Moreover, there is no electron micrograph of a pure and fully characterized SARS-CoV-2 virus. Indirect detection procedures [RT-PCR and antibody tests] do not confirm the existence of a certain virus and they certainly do not deliver evidence of a disease-causing virus. It remains unclear why genomic sequencing is now being undertaken utilising the results from fraudulent tests. All restrictive measures undertaken by UK Government, Welsh Government and Local Authorities are based on "coronavirus case numbers" generated by a fraudulent testing process, as now confirmed in court judgements. "***Case numbers***" do not represent "***Covid 19 infections***". This has resulted in a false test-generated pandemic rather than a viral pandemic. It remains unclear why a budget of **£37 billion** has been allocated by officials in UK Government for the testing programme when the test itself has been found to be not fit for purpose.

Further technical information, specifically regarding the RT-PCR test "Amplification Cycle Threshold" [C t] value is set out below, based on information received following a request for information directed to Public Health Wales and Public Health England [now renamed UK Health Security Agency].

Information received from Public Health Wales [PHW]
Confirmation was also received from PHW in October 2020 that samples from Royal Glamorgan Hospital for Covid testing may be tested in the laboratory in Royal Glamorgan Hospital or laboratories in the Public Health Wales network. The real-time PCR assays in use in Wales for Covid 19 diagnostics all run for **45 cycles**; however, the cycle number where the sample is defined as "RNA not detected" varies by platform and target gene detected by the system. This is defined by the manufacturer. One platform (Hologic) is isothermal, this means it does not cycle through temperature changes in the same way as the real-time PCR systems, therefore CT values are not reported by this system.

Information received from Public Health England [PHE]
Confirmation received 13 November 2020 that PHE does not hold information on testing kits used by non-PHE laboratories. These laboratories have a statutory duty to report "positive cases" to PHE but they are not obliged to advise PHE which tests they are using.

Comment
It is important to note that amplification cycles increase exponentially as set out on the table below.

C t	Amplification	Amplification
50	1125,899,906,842,624	1125 Trillion
45	35,184,372,088,832	35,184 Billion
40	1099,511,627,776	1099 Billion
40	1099,511,627,776	1099 Billion
35	34,359,738,368	34 Billion
30	1,073,741,824	1 Billion
20	1,048,576	1 Million
15	32,768	32 Thousand
10	1,024	1 Thousand
5	32	32
2	4	4

A C t threshold value of 45 (rate of cycles originally recommended by the W.H.O.) amplifies the fragment of RNA by **35,184 billion times**. The test actually measures the presence of partial RNA sequences present in the intact virus, which could be a piece of dead virus which cannot make the subject sick, and cannot be transmitted, and cannot make anyone else sick. A true positive test result does not necessarily indicate the presence of viable virus. In limited studies to date, many researchers have shown that some subjects remain PCR-positive long after the ability to culture virus from swabs has disappeared. They term this a 'cold positive' (to distinguish it from a 'hot positive'). The key point about 'cold positives' is that they are not ill, not symptomatic, not going to become symptomatic and, furthermore, are unable to infect others.

The information received from PHW and PHE regarding C t values supports the findings of the external peer review, that the RT-PCR test is not fit for purpose. The Portuguese appeal court, on 11 November 2020, arrived at a similar conclusion. Other courts have also endorsed this position. Confirmation from PHW and PHE that kit manufacturers have control over the threshold cycles used in the tests rather than the client; Public

Health Authorities, the National Health Service, Welsh Government and UK Government, is a matter of grave concern. It suggests a total lack of control by the client.

Litigation is progressing to bring the perpetrators of the fraud to justice. [redacted] [Dr in Law] leads a team of lawyers prosecuting global officials. A chronological sequence of events - from January 2020 to January 2022 - is set out below.

23 January 2020
Scientific paper entitled "*Detection of 2019 novel coronavirus [2019-nCoV] by real-time RT-PCR*" by [redacted] et al published in "Eurosurveillance"

10 March 2020
Confirmation from Public Health England [successor body is UK Health Security Agency, operational from 1 October 2021] in published "Covid 19 Testing Protocol" that RT-PCR tests in NHS Laboratories is to be based on the [redacted] et al scientific paper published in Eurosurveillance: "*Detection of 2019 novel coronavirus [2019-nCoV] by real-time RT-PCR*".

7 November 2020
Confirmation from Public Health Wales that the RT-PCR assays in use in Wales for Covid 19 diagnostics all run for 45 cycles. This amplifies viral fragment 35,184,372,088,832 [35,184 billion] times, hence the false results. Over-amplification of pieces of nucleotides inflates case numbers by the inclusion of healthy people.

11 November 2020
An appeal court in Portugal has ruled that the RT-PCR process is not a reliable test for SARS-CoV-2 [the purported cause of the Covid 19 disease]. The virus has not been isolated or identified with a compiled genome available, and therefore any enforced quarantine based on those test results is unlawful. Further, the ruling suggested that any forced quarantine applied to healthy people could be a violation of their fundamental right to liberty. Most importantly, the judges ruled that a single positive RT-PCR test result cannot be used as an effective diagnosis of infection.

27 November 2020
A highly respected group of 22 international virologists, microbiologists and related scientists published a call for the scientific journal "Eurosurveillance" to retract the article by [redacted] published 23 January 2020 titled "*Detection of 2019 novel coronavirus {2019 - nCoV} by real-time RT-PCR [Eurosurveillance 25{8}2020*]. The external peer review by the 22 scientists revealed, inter alia, 10 major scientific flaws at the molecular and methodological level, and concluded that the test should not be used for the diagnosis of viral infection. The following key findings were revealed.
1. Qualitative Covid RT-PCR tests are incapable of distinguishing between the virus and remnants of viral fragments discarded by the immune system after successfully dispatching the virus.
2. Qualitative Covid RT-PCR tests cannot be used diagnostically to determine who is infectious and who is not.
3. Recommended Cycle Threshold [Ct] Values to determine a reasonable cut off point for who is likely infectious versus who is likely not infectious were curiously omitted.
4. The products for the Qualitative Covid RT-PCR tests were never validated at the molecular level.
5. The peer-review process for the [redacted] paper lasted only two days. For reference, it is common practice for most published manuscripts to go through an extensive two-month [or longer] peer-review process.
6. The [redacted] authors had significant financial conflicts of interest that they did not disclose during the peer-review process.

15 December 2020
"Cease and Desist" papers served on [redacted] regarding the fraudulent content of the "[redacted] paper" on RT-PCR tests, by [redacted] [Dr in Law] who leads a team of international lawyers prosecuting global officials over Covid 19.

24 March 2021
The Vienna Administrative Court judgement VGW-103/048/3227/2021-2 ruled on a complaint filed by the Freedom Party of Austria [FPO] against what is considered a grossly illegal ban on a registered rally. In its ruling, the court rejected the Corona policy of the federal government. Citing internationally recognised experts, studies and the World Health Organisation, the court found that the Minister of Health, Anschober's, disease definitions were wrong and that a RT-PCR test for Covid 19 diagnosis was unsuitable. The RT-PCR test is destroyed as a credible determinant of Covid illness. Antigen tests are also deemed not credible. Certified medical doctors alone are able to determine specific cases of illness. The Vienna Administrative Court examined closely the basis for the Austrian federal government's policy and found that definition of

illness from the Ministry of Health alone is completely wrong and baseless. Confirmed Covid 19 "case" is defined 23 December 2020 as:
1] Any person with detection of SARS-CoV-2 specific nucleic acid [RT-PCR test], regardless of clinical manifestation, or
2] Any person with detection of SARS-CoV-2 specific antigen, who fulfils the clinical criteria, or
3] Any person with detection of SARS-CoV-2 specific antigen, who fulfils the epidemiological criteria.
None of the three "confirmed cases" defined by the Minister of Health meet the requirements of the World Health Organisation [WHO] term "*ill / infected person*." The sole reliance on the RT-PCR test [confirmed case 1] is rejected by the WHO. The Health Service of the City of Vienna uses the words "case numbers," "test results," "case incidence," as well as "numbers of infections." This jumbling of terms does not do justice to a scientific assessment of the epidemic situation. For the WHO, the decisive factor is the number of infection / illnesses and not the number of people tested positive or other "case numbers." This is similar to a ruling made by a Portuguese appeals court in November 2020 that the tests are unreliable and that it is unlawful to quarantine people based on test result. The verdict can still be appealed to the Constitutional Court or an extraordinary appeal can be filed with the Administrative Court.

8 April 2021
In summary proceedings [Ref: 9F 148/21], the Weimar Family Court in Germany ruled on the subject of the RT-PCR test. The expert witness [redacted] pointed out in her testimony that the RT-PCR test can only detect genetic material, but not whether the RNA originates from viruses that are capable of infection and thus capable of replication [i.e. capable of reproduction]. The expert witness [redacted] confirmed, in her testimony on molecular biology, that a RT-PCR test - even if it is carried out correctly - cannot provide any information on whether a person is infected with an active pathogen or not. This is because the test cannot distinguish between "dead" matter, e.g. a completely harmless genome fragment of the body's own immune system's fight against a cold or flu [such genome fragments can still be found many months after the immune system has "dealt with" the problem] and "living" matter, i.e. a "fresh" virus capable of reproducing.

[redacted]

20 December 2021
Complaint made to Metropolitan Police of Gross Negligent Manslaughter and Serious Misconduct in Public Office. The complainants are lawyer [redacted]. Complaint acknowledged at Hammersmith Police Station under crime number 6029679/21.

29 December 2021
Head of US CDC [redacted] announced - in a White House press briefing - that "*people can remain PCR positive for up to 12 weeks after infection and long after they are transmissible and infectious*". It means millions of **false** positive results have been logged as **real** in the past two years.

31 December 2021
CDC in America withdraws request to the US "Food and Drug Administration" for Emergency Use Authorisation [EUA] of the CDC 2019 - Novel Coronavirus [2019 -nCoV] Real-Time RT-PCR Diagnostic Panel: the assay first introduced in February 2020 for detection of SARS-CoV-2 only.

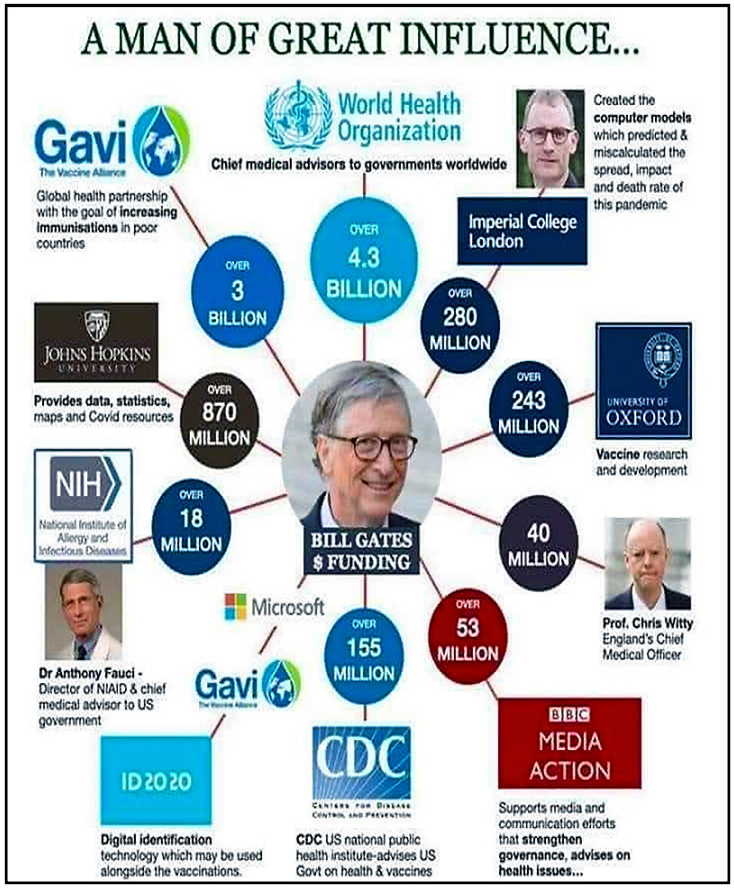
6 January 2022
Confirmation received from "UK Health Security Agency" that the study undertaken by UKHSA - published August 2020 - was based on the content of the [redacted] et al scientific paper previously published 23 January 2020.

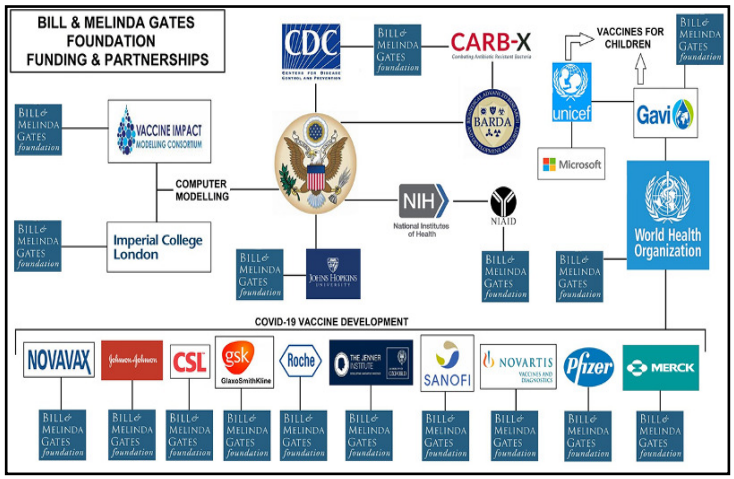
Misleading data presented to the public

The evidence, now available, suggests that totally misleading statistics have been presented to the public from the outset relating to number of coronavirus cases and deaths from Covid 19 infection. There is no agreed definition on what constitutes a "*case*". Through the use of the fraudulent RT-PCR test, the healthy population have been included to dramatically inflate "*case*" numbers to justify the roll-out of an experimental unlicensed gene-editing therapy [incorrectly classified as a vaccine] that will generate billions in profits for pharmaceutical companies.

False Covid narrative

The false Covid narrative was driven by fact-fee hysteria. Covid infection has a 99.97% survival rate. There is no justification for economic lock-down and quarantining the healthy population. History demonstrates that it is the sick and vulnerable population that should be protected and shielded. There is currently no objective science in the medical industry. Covid response strategy - and allopathic medicine in general- is based on the flawed Louis Pasteur "*germ theory*" rather than the more plausible Antoine Bechamp "*terrain theory*". There is no independent regulation of the pharmaceutical industry: the industry funds, and works in close harmony with, medical regulators with conflicts of interest at every level. The World Health Organisation [W H O] is funded by the private charity foundation the "Bill and Melinda Gates Foundation" [B M G F] who has considerable influence on global healthcare policy and process. The private foundation has control of national health services and research laboratories around the world through the funding provided. The Covid 19 crisis is coordinated and directed globally by WHO, funded by B M G F. The foundation has large financial investments in the pharmaceutical industry, as explained in the graphic below.





B M G F were initial investors in "CureVac". When conversations about developing a Covid vaccine started, share prices exploded 250% resulting in upwards of $100 million in returns on their investment. There is no constitutional precedent or governing mandate for a globalist agency like the WHO to direct national health care. An urgent investigation is required to establish why UK Parliament has allowed this misdirection of national public health bodies. National healthcare strategy and policy should be determined by national governments, in the interests of public health and not by private global corporations, motivated by profit.

Cause of Covid 19 infection

The toxin "*Graphene Oxide*" has been found in some vials of the Pfizer vaccine following analysis by a Spanish Laboratory. Graphene Oxide poisoning mimics the symptoms of Covid 19 infection. The infection is therefore caused by man-made toxicity [administered through various routes: vaccines, graphene-contaminated nasal / pharyngeal swabs and some graphene-contaminated face masks]. The infection is not caused by a naturally occurring virus, as the virus has not been isolated, purified and visualised: a prerequisite to calibrating the RT-PCR test. Litigation, in various countries, to bring the perpetrators of the pandemic fraud to justice is progressing. The following three questions regarding SARS-CoV-2 virus should now be answered.

1. Is there an electron micrograph of the pure and fully characterised SARS-CoV-2 virus.
2. What is the name of the **primary** specialist peer-reviewed paper in which the SARS-CoV-2 virus is illustrated and its full genomic information described.
3. What is the name of the **primary** publication that provides proof that the SARS-CoV-2 virus is the sole cause of Covid 19 infection.

Face masks

Prolonged wearing of face masks is dangerous. There is compelling evidence that prolonged use results in Hypoxia [lack of oxygen] and Hypercapnia [build up of carbon dioxide in the blood - acidic blood is detrimental for health] and bacterial pneumonia. There is no current science showing that healthy people are disease vectors, and this truth carries over to Covid datasets. Not one controlled trial has ever shown a benefit of reducing disease from face masks. Covid counter measures, based on government mandated pseudo science, have harmed [not improved] public health. The quarantine of healthy population is dangerous as it significantly suppresses the immune system. Never in our history have we quarantined the healthy population. It is the sick and vulnerable that should be quarantined.

"Vaccine" trials

Covid experimental gene-editing therapies [incorrectly classified as vaccines] have not been approved for use in the human population. In the UK, they have been granted temporary emergency authorisation under R.174 Human Medicines Regulations 2012. Moderna and Pfizer have eliminated the original control groups in their trials by subsequently giving the participants further injections during national roll-out. This means they cannot now assess the safety and effectiveness of the treatment. The results of the trials - due to end in 2023 / 24 - cannot now be assessed.

Media bias

Due to media bias the views of eminent members of the scientific and medical profession have been censored by the mainstream media and ignored by government ministers. Fact-free hysteria has generated fear. There are conflicts of interest at all levels involving Government advisors, pharmaceutical companies and W H O. Additionally, SAGE advice to UK Government is based on pseudo-science. How SAGE members and their academic institutions are funded should be urgently investigated. There is a need to follow the money trail to establish the truth.

5G technology

5G technology was rapidly rolled-out during economic lockdown. There are currently no peer reviewed empirical studies of the biologic or health effects from exposure to 5G microwave radiation. Following an interim report from the Spanish laboratory there is an urgent need for a study to establish the impact of 5G radiation on graphene oxide introduced to the human body through the vaccination programme and other routes.

Malpractice at Private Lighthouse Laboratories

Private Lighthouse Laboratories using RT-PCR test have a £6 billion budget. The mega-lab at Milton Keynes was the subject of an undercover investigation by BBC Panorama. Widespread malpractice in processing RT-PCR tests was identified.

Inalienable Rights

As human beings we have "Inalienable Rights": personal rights which are not bestowed by law, custom or belief and which cannot be taken or given away, or transferred to another person. Many people are not aware of their inalienable rights. Medical tyranny has prevailed over a two-year period driven by corrupt unelected global technocrats.

Bio-digital convergence

The bio-digital convergence agenda - leading to transhumanism - is a philosophy aimed at transforming the human species by means of biotechnologies including; genetic engineering, robotics, molecular nanotechnology and artificial intelligence. The Covid 19 crisis is providing gene-based therapies a chance to break through into the global health market.

mRNA and DNA based gene therapy

The roll-out of mRNA and DNA based gene therapies - incorrectly classified as vaccines - is totally unprecedented. Before 2020 no successful "vaccine" against a human coronavirus had ever been developed. Since then, 20 of them have been developed in 18 months. Scientists have been trying to develop a SARS and MERS vaccine for years with little success. Some of the failed SARS vaccines actually caused hypersensitivity to the SARS virus, meaning that vaccinated mice could potentially get the disease more severely than unvaccinated mice. Another attempt caused liver damage in ferrets who subsequently died. While traditional vaccines work by exposing the body to a weakened strain of the microorganism responsible for causing the disease, these new Covid gene therapies are based on mRNA technology. mRNA - messenger ribonucleic acid - gene therapies theoretically work by injecting viral mRNA into the body, where it replicates inside the cells turning the body into a factory to produce the toxic spike protein of the virus. They have been the subject of research since the 1990's but before 2020 no mRNA "vaccine" was ever approved for use in the human population. At cellular level, when a macrophage senses a dangerous invader it shoots out a chemical called a cytokine as a defence. When things work properly, the cytokine destroys the invader and the macrophage has provided protection. However, sometimes the macrophages overreact to a perceived threat and over-fire cytokines resulting in a dangerous condition known as a "cytokine storm". When this happens the body attacks its own cells and systems in addition to the invading pathogen. This overreaction can be enough to result in death, and has been cited as one cause of Covid deaths. The UK medical regulator, the M H R A, can not rule out vaccine-induced serious illness through a process known as "*Antibody Dependant Enhancement*" [A D E] also referred to as a "cytokine storm", due to the overreaction of the immune system. New generation mRNA gene-editing therapies have never before been used on the human population. The medium and long-term impacts are not known. The risk of Covid 19 gene-editing therapies worsening clinical disease - through A D E - should be prominently displayed to ensure informed consent. It is readily admitted that Covid gene therapies "vaccines" do not confer immunity from infection and do not prevent you from passing the disease on to others. Indeed, an article in the British Medical Journal highlighted that the vaccine studies were not designed to even try to assess if the "vaccines" limited transmission. The vaccines were rushed to market and have unknown medium and long-term effects. Vaccine development is a slow, laborious process. Usually, from development through testing and finally being approved for public use takes many years. The various "vaccines" for Covid were all developed and authorised for temporary emergency use in less than a year. Obviously there can be no medium or long-term safety data. Further, none of the vaccines have been subject to proper trials. Many of them skipped early-stage trials entirely, and the late-stage human trials have either not been peer-reviewed, have not released their data, will not finish until 2023 / 24 or were abandoned after "severe adverse effects" and life-changing injuries. Generally, vaccine manufacturers conflate low level science and ignore high level science to mislead the public regarding safety and efficacy. Vaccine manufacturers have been granted legal indemnity should they cause harm. The USA's "Public Readiness and Emergency Preparedness Act" [PREP] grants immunity until at least 2024. The EU's product licensing law does the same, and there are reports of confidential liability clauses in the contracts the EU signed with vaccine manufacturers. The UK went even further, granting permanent legal indemnity to the government, and any employees thereof - doctors, nurses , vaccine administrators - for any harm done when a patient is being treated for Covid 19 infection or "suspected Covid 19 infection". The propagation of fear benefits "vaccine" manufacturers.

In August 2021, an important initial study - yet to be fully confirmed - by Canada's [redacted] has established that the mRNA gene editing therapy [vaccine] generates "microscopic" blood clots. The persons vaccinated will not be immediately aware of the injuries incurred as they are not discernable or recorded. One dose of Moderna vaccine contains 40 trillion mRNA molecules each programmed to produce a number of spike proteins. Only 25% of the vaccine remains in the arm at site of injection. The remaining 75% is collected by the lymphatic system and fed into circulation and absorbed into cells. Spike proteins would normally be attached to a viral particle. However, in this instance, the spikes are attached to cellular structures. As blood slows down in the tiny capillary network, with the spikes protruding into the otherwise smooth network, it is inevitable that the platelets will form microscopic blood clots. Some parts of the body like the brain, spinal cord, heart and lungs cannot regenerate. When those tissues are damaged by blood clots they are permanently damaged. As more microscopic blood clots congregate in the lungs the heart has to work harder to pump blood through the lungs. Booster injections exacerbate the problem as the process is cumulative. Microscopic blood clots cannot be detected by MRI and other scans. They can only be detected by a D-dimer test. The results of further research by [redacted] is awaited. Censorship ensures that this information is not made available to the public to enable informed choice. The false narrative, perpetuated by government ministers / officials, public health bodies and mainstream media, regarding asymptomatic spread of infection and that no other treatment options are available continues to drive the fear agenda to control actions by the population. The infection is

not as dangerous as we were led to believe. Information provided to the public is based on pseudo science generating false data regarding coronavirus "case" numbers and mortality. It is not possible to make good scientific or political decisions with bad data. Emergency use authorisation for experimental gene-editing therapies can only apply if there is no other treatment available. Numerous studies have proven that drugs like Ivernectin and Hydroxychloroquine are safe and effective. Patients have been denied access to life-saving treatments to promote the "vaccine" agenda.

Adverse reactions and deaths

The fraudulent testing process has resulted in national / global roll-out of experimental inoculations under emergency use authorisation using mRNA technology as a delivery mechanism: a technology not previously used on the human population. mRNA injections induced into cells cause those cells to produce a spike protein. "m" stands for "messenger". It is this message that is carried to the DNA which is part of the process. Cells do not naturally produce this toxic spike protein. Consequently, to cause them to do so artificially is "gene therapy". mRNA experimental gene-based therapies [incorrectly classified as vaccines] have been granted temporary emergency authorisation in the UK under R.174 of Human Medicines Regulations 2012 by the "Medicines and Healthcare Products Regulatory Agency" [MHRA] and are currently unlicensed. They have not been approved [and licensed] for use in the human population. Phase 3 clinical trials are ongoing and due to end in 2023 / 24. Information available from the MHRA "yellow card" monitoring system regarding "vaccine"-related adverse reactions [including death] following inoculation roll-out is set out below.

> *Data to 19 January 2022*
> AstraZeneca - total adverse reactions 859,340 - total deaths 1,200
> Moderna - total adverse reactions 114,702 - total deaths 33
> Pfizer - total adverse reactions 460,985 - total deaths 702
> Unspecified - total adverse reactions 4,552 - total deaths 37
> **Total - total adverse reactions 1,429,579 - total deaths 1,972**
> It is estimated that, for various reasons, only 10% of serious reactions and between 3 and 4% of non-serious reactions are reported. The information provided above can therefore be adjusted accordingly.

There are serious life-changing adverse reactions and deaths recorded in UK, Europe, America and other countries post roll-out of these experimental therapies. Links to official vaccine adverse reaction monitoring systems in UK [MHRA yellow card], Europe [EudraVigilance reporting / monitoring system] and America [VAERS, Vaccine Adverse Event Reporting System] are available below.

MHRA
https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions
EudraVigilance
https://www.ema.europa.eu/en/human-regulatory/research-development/pharmacovigilance/eudravigilance
VAERS
https://vaers.hhs.gov/data.html

Nuremberg Code

To coerce the public - through government advertising and celebrity endorsement - to accept an experimental gene-editing therapy, without informed consent, is a breach of the "Nuremberg Code". Well respected eminent members of the medical and scientific profession demanded an end to the roll-out of experimental unlicensed Covid 19 gene-editing treatments as the risks to the human population was considered to be too high. These doctors and scientists take the view that people should not be pressured to comply with taking an experimental unlicensed gene-editing treatment, with coercion implemented by government legislation or through policy directives by large private and public corporations, including airlines, employers, schools and other institutions. They argue that this type of assault on medical privacy is invasive, aggressive and unethical; and in contravention of the established "Nuremberg Code", as set out below. The Nuremberg Code is the most important document in the history of the ethics of medical research. It serves as a blueprint for today's principles that ensure the rights of subjects in medical research.

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining

the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.
2. The experiment should be such as to yield fruitful results for the good of society; unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

There are serious adverse reactions and deaths recorded in UK, Europe, America and other countries post roll-out of experimental therapies. This information is censored by the government and mainstream media. The government has coerced the population to accept the experimental treatment through a national advertising campaign and celebrity endorsements. This is a clear breach of the "Nuremberg Code" regarding informed consent for experimentation on human subjects. The Covid pseudo-narrative is controlled through propaganda by the government and mainstream media [a billion pound advertising campaign, funded by the taxpayer]. Proper scientific / medical evidence is censored. The global vaccination programme is a trillion pound industry with conflicts of interest at all levels. The risks and benefits of proceeding - or not proceeding - with inoculations should be clearly explained to recipients, along with a clear explanation of other effective treatment options that are currently available. The experimental inoculations have not been approved for use in the human population. They have been granted temporary emergency authorisation on the false premise that no other treatment options are available. The "Hippocratic Oath" requires the medical profession to "first do no harm". The harm, as evidenced by the severe adverse reactions and deaths post roll-out, is now on record.

Regulations under statute law

Regulations made under emergency legislation in Wales cannot be enforced. The Health Protection [Coronavirus Restrictions] [No.5] [Wales] Regulations 2020, as amended, laid before Welsh Parliament can not be enforced in Wales, There are flaws in the subordinate legislation, as drafted. **Qualifying Test** is defined in the legislation as a test if it is capable of detecting the presence of coronavirus and is a RT-PCR test or lateral flow test. Latest scientific evidence - endorsed in recent court judgements - confirms that the test is not fit for purpose and this invalidates the regulations made under statute law.

Mortality

The global all-cause mortality rate has remained stable throughout the crises therefore there is no evidence of a pandemic. Almost all studies on the infection-fatality ratio [I F R] for Covid returned results between 0.04% and 0.5% meaning survival rate for those diagnosed with Covid infection is at least 99.5%. There has been no excess all-cause mortality in the world. Death counts from Covid infection are artificially inflated. Countries around the world have defined a Covid death as a "*death by any cause within 28 / 30 / 60 days of a positive RT-PCR test*". Removing any distinction between dying of Covid, and dying of something else after testing positive will naturally lead to over-counting of Covid deaths. The vast majority of Covid deaths have serious co-morbidity. These include cancer, heart disease, dementia, Alzheimer's, kidney failure and diabetes [among others]. Official records can not differentiate between death with coronavirus and death from Covid 19 infection. The World Health Organisation issued instructions to use 2 international codes U07.1 and U07.2 to record Covid deaths. This has enabled death totals to be grossly exaggerated in the UK and around the world. Totally misleading statistics were presented to the public relating to "case" number and "death" numbers. There is no agreed definition on what constitutes a "*case*". The average age of Covid death is greater than the average life expectancy. The average age of a Covid death in the UK is 82.5 years. In Italy it's 86, Germany 83, Switzerland 86, Canada 86, the USA 78, Australia 82. In almost all cases the median age of a Covid death is higher than the national life expectancy. Covid mortality exactly mirrors the natural mortality curve.

Computer modelling

A flawed computer model was developed by [redacted] - funded by the BMGF. It was used to justify economic lockdown in UK and USA and the policy of social distancing [based on pseudo science]. Lockdowns do not prevent the spread of disease. There is no evidence lockdowns have any impact on limiting Covid deaths. There is strong evidence that lockdowns through social, economic and other public health damage are deadlier than the virus. Unemployment, poverty, suicide, alcoholism, drug use and other social / mental health crises have spiked all over the world; while missed and delayed surgery and screenings are going to see increased mortality from heart disease, cancer and other life-limiting infections in the near future. Hospitals were never unusually over-burdened. The main argument used to defend lockdowns is that "flattening the curve" would prevent a rapid influx of cases and protect healthcare systems from collapse. Most healthcare systems were never close to collapse at all. As part of their Covid policy, the NHS announced in Spring 2020 that they would be "*re-organizing hospital capacity in new ways to treat Covid and non-Covid patients separately*" and that "*as a result hospitals will experience capacity pressures at lower overall occupancy rates than would previously have been the case*". This means they removed thousands of beds. During an alleged pandemic, they reduced the maximum occupancy of hospitals. Despite this, the NHS never felt pressure beyond a typical influenza season, and at times actually had 4x more empty beds than normal. In both the UK and US millions were spent on temporary emergency hospitals that were never used. The policy is based on a flawed computer model and pseudo science. Coronavirus "case" numbers are based on fraudulent RT-PCR test results. This suggests a "casedemic" based on pseudo science rather than a global viral pandemic. Use of this flawed raw data generates totally misleading statistics regarding infection and mortality, with the flawed data used to justify Covid counter measures [economic lockdown, social distancing, face masks and vaccination programme]. Public officials have made drastic public health emergency decisions, based upon flawed RT-PCR data. These decisions have impacted civil liberties, economic viability and educational systems, and other aspects of our lives.

Conflicts of interest

There are conflicts of interest at all levels involving Government advisors / big pharmaceutical companies / World Health Organisation / Medical Regulators. There is media bias: the views of eminent members of the scientific and medical profession has been censored by the main stream media and ignored by Government ministers. Covid response Strategy and Policy is based on poor quality data based on flawed computer models and fraudulent science.

Ventilation

Ventilation is NOT a treatment for respiratory viruses. Mechanical ventilation is not, and never has been, recommended treatment for respiratory infection of any kind. In the early days of the pandemic, many doctors questioned the use of ventilators to treat "Covid" infection. Ventilators do not cure any disease. They are associated with lung diseases in the public's consciousness, but this is not in fact their most common or most appropriate application. Mechanical ventilation is also damaging to the physical structure of the lungs, resulting in "ventilator-induced lung injury", which can dramatically impact quality of life, and even result in death. This policy was negligent at best, and potentially deliberate manslaughter / murder at worst.

Face masks

Numerous scientific studies have shown that face masks do nothing to stop the spread of respiratory viruses. Prolonged mask wearing and wearing the same mask more than once, and other aspects of cloth masks can be detrimental to health. Face masks are also known to contain plastic microfibres, which damage the lungs when inhaled and may be potentially carcinogenic. There is no current science showing that healthy people are disease vectors, and this truth carries over to Covid datasets. Not one controlled trial has ever shown a benefit of reducing disease from face masks which can lead to Hypoxia [lack of oxygen] and Hypercapnia [build up of carbon dioxide in the blood - acidic blood is not good for health] and bacterial pneumonia.

Influenza

Since the beginning of 2020, influenza has "disappeared". In the USA, since February 2020, influenza cases have allegedly dropped by over 98%. Globally, influenza has apparently almost completely disappeared. Meanwhile, a new disease called "Covid 19", which has identical symptoms and a similar mortality rate to influenza, is apparently affecting all the people normally affected by influenza.

Germ theory vs. terrain theory

"*Germ theory*" argues that germs are what we need to worry about and we need to keep finding ways to destroy them. This has proved very lucrative for the pharmaceutical industry. "*Terrain theory*" argues that if the body is well and balanced then germs that are a natural part of life and the environment will be dealt with by the body without causing sickness. Terrain theory is plausible. Germ theory - upon which allopathic medicine is based - is questionable and has supported a trillion dollar pharmaceutical industry. Our illnesses and diseases are caused directly through the toxic air, food, water, EMF radiation and the medications we are prescribed. It is slow suffering by poisoning. Our bodies are constantly trying to rid us of the toxins in our environment; when the poisoning is at a particularly high level we go into a state of severe detoxification and display symptoms of fever, increased temperature, sweating, sickness and diarrhoea,

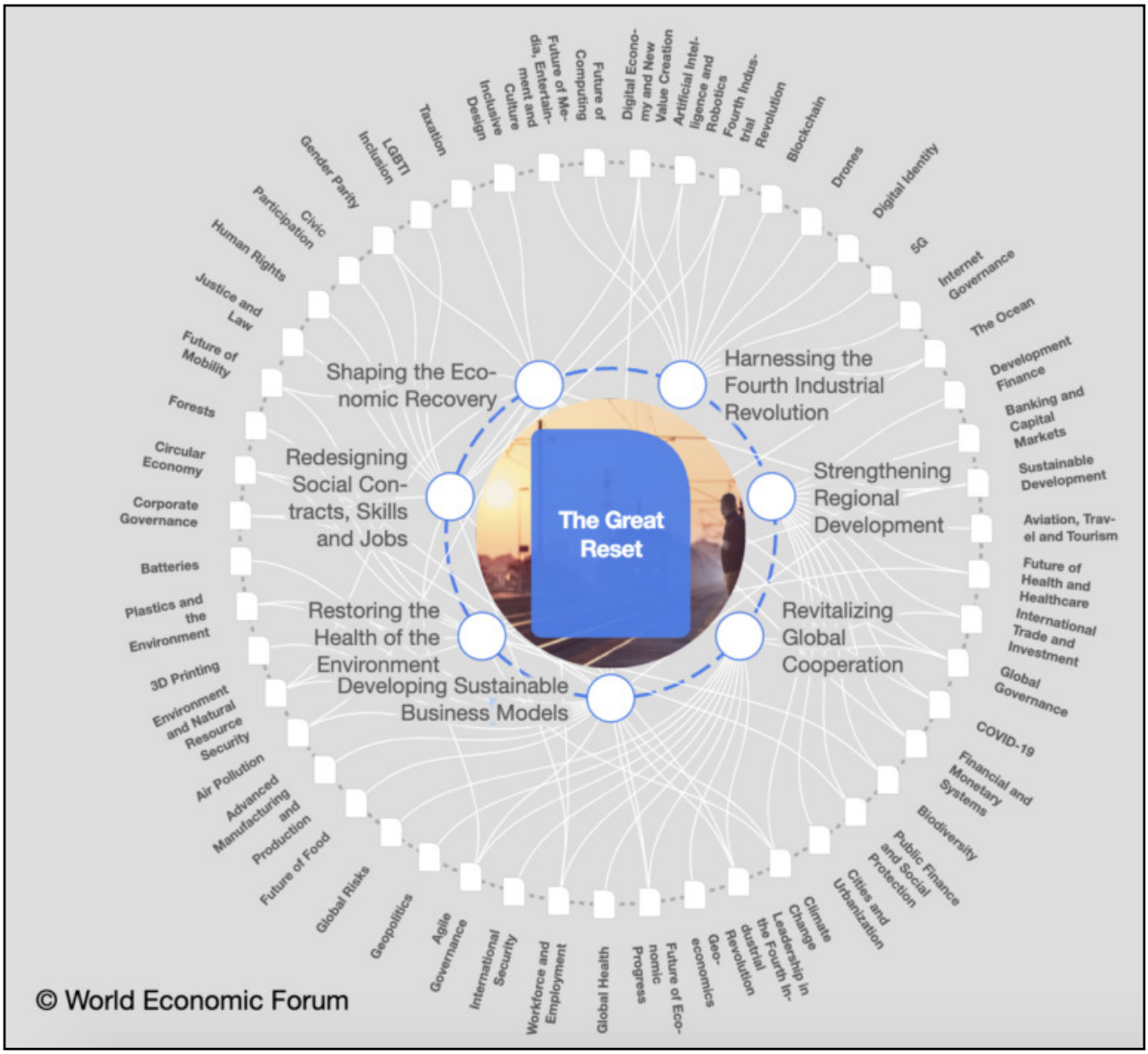
weakness and fatigue, whilst our immune system is working hard to get rid of the toxins we have accumulated or come into contact with. That, in very simple terms, is what the Terrain Theory suggests.

Role of mainstream media

The global mainstream media receives 75% of its funding from major pharmaceutical companies and is promoting the official - but false - narrative. The new alternative media continues to educate the public drawing a clear distinction between pseudo science and proper science.

The Great Reset

The "Great Reset", as explained on World Economic Forum website, is implemented nationally and locally under the cloak of Covid 19. The graphic reproduced below should help to explain the process. It is administered under UN Agenda 2030 with 196 nations signed up to agenda goals. 14 of the 17 goals involve vaccines. The technocratic great reset is the proposed mechanism for setting in motion a new global order to restructure all of society and the global economy, by an unelected body of global bureaucrats based in Davos Switzerland. Prior to 2020 implementing worldwide lockdowns that destroy businesses, wreck the economy, and leave people destitute and stripped of their constitutional rights while trying to enact invasive contact tracing, immunity passports, and bio-electronic surveillance would never have been accepted by the citizens of a free society.



Justice

Government ministers and officials are guilty of misfeasance [the negligent or otherwise improper performance of a lawful act] and / or malfeasance [an unlawful act] with regard to Covid response measures, hence the ongoing police investigation and litigation in the UK and globally. The current status of police investigation in the UK and cases filed in the "International Criminal Court" and "International Common Law Court" is set out in the following event chronology. This will be updated as necessary to reflect progress.

Event Chronology

6 December 2021
Court documents were filed at the International Criminal Court [The Hague] on 6 December 2021: Case No. OTP-CR-473/21 alleging numerous violations of the Nuremberg Code, crimes against humanity and war crimes as defined by the Rome Statues, Articles 6, 7, 8, 15, 21 and 53. The action is brought by Attorney [redacted] and 7 applicants on behalf of the victims: the population of the United Kingdom. The accused are; [redacted]

[redacted] December 2021
A complaint was made to Metropolitan Police alleging Gross Negligent Manslaughter and Serious Misconduct in Public Office. The Complainants are lawyer [redacted]. The complainants allege numerous serious crimes including misfeasance and misconduct in public office; gross negligence manslaughter, corporate manslaughter, murder, conspiracy to murder, genocide and crimes against humanity. Crime reference number 6029679/21 was provided to the complainants by Hammersmith Police Station, acknowledging that an allegation had been received and recorded.

15 January 2022
The "International Common Law Court of Justice" [I C L C J] convicted corporate, government, and church leaders of crimes against humanity and ordered the arrest of 75 individuals. Arrest warrant and warrant of seizure and expropriation of personal, and corporate assets and properties was issued: Case Docket No. 09152021-A001. Court Sheriffs are tasked with enforcing the warrants. The verdicts, sentence and warrants issued by the I C L C J are available at the following links.

https://biggeesblog.cymru/downloads/PDF/International_Common-Law_Court_of_Justice-VERDICT-and-SENTENCE.pdf
https://biggeesblog.cymru/downloads/PDF/International_Common-Law_Court_of_Justice-PUBLIC-WARRANT.pdf

The press release issued by the I C L C J is available at the link below.

https://rumble.com/embed/vq6o38/?pub=odtrt