

Doctors for COVID Ethics

HOME

ABOUT

POSTS

SYMPOSIUMS
LETTERS

PUBLICATIONS
RESOURCES

VIDEOS

The Covid Lies

April 12, 2022

The Covid Lies

Analysis



Mike Yeadon

In this comprehensive review, Dr. Yeadon argues that all the main narratives about SARS-CoV-2 and imposed “measures” are lies.

Given the foregoing, it is no longer possible to view the last two years as well- intentioned errors. Instead, the objectives of the perpetrators are

most likely to be totalitarian control over the population by means of mandatory digital IDs and cashless central bank digital currencies (CBDCs).

Couldn't load plugin.

[The-Covid-Lies-updated](#) Download

Links to German Translations:

Die Coronalügen – Teil I

Die Coronalügen – Teil II: Was ist wahr am Corona-Narrativ? Zusätzliche Betrachtungen

In the first part of the article (The Covid Lies), Dr. Yeadon counters the 12 widespread Covid narratives with the following arguments:

The infection fatality rate of SARS-CoV-2 is 0.1 – 0.3%, which is not significantly different from some seasonal influenza epidemics.

Based on the peer-reviewed articles, at least 30 to 50% of the population has prior cross-immunity.

SARS-CoV-2 does discriminate. *“The lethality of this virus, as is common with respiratory viruses, is 1000X less in young, healthy people than in elderly people with multiple comorbidities.”*

Asymptomatic transmission is the **“central conceptual deceit”** used to *“underscore almost every intrusion: masking, mass testing, lockdowns, border restrictions, school closures, even vaccine passports.”*

PCR test is **“the central operational deceit.”**

Neither cloth nor surgical masks prevent respiratory virus transmission.

Lockdown is *“epidemiologically irrelevant”* and never works. *“Only “stay home if you’re sick” works.”*

“Covid-19 is the most treatable respiratory viral illness ever”. Safe and effective early treatments are available.

Based on the peer-reviewed articles, very few clinically significant reinfections of SARS-Cov-2 have ever been confirmed.

SARS-CoV-2 mutates slowly, and no variant is even close to escaping naturally-acquired immunity. However, there is the possibility that the so-called vaccines prevent the establishment of immune memory, leading to the repeated infections, which would be a form of acquired immune deficiency.

Safety is the top priority in a public health mass intervention, even more than effectiveness. *“It was NEVER appropriate to attempt to “end the pandemic” with a novel technology vaccine.”*

The four gene-based “vaccines” are toxic. The basic rules of selecting vaccine candidates are: 1) the agent has no inherent biological action (non-toxic); 2) the agent should be the genetically most stable

part of the virus; 3) the agent should be most different from human proteins. Spike protein as the vaccine does not fit any of the above criteria.

In the second part of the article (How Much of the Covid-19 Narrative Was True? Additional Reflections), Dr. Yeadon further stresses his contention on the Covid-19 narratives on:

Unprecedented Pronouncements by the senior scientific and medical advisers, such as “Everyone is vulnerable.”

Instigating Fear

Using Mass Testing to Promote Fear

One Dominant Narrative

More Vaccine Lies

The Question of Motive

At the end of the article, Dr. Yeadon also provides a list of extra supplemental points to support his conclusions.

About the author:

Dr. Michael YEADON PhD was Formerly Vice President & Chief Scientific Officer Allergy & Respiratory at Pfizer Global R&D. He holds Joint Honours in Biochemistry and Toxicology and a PhD in Respiratory Pharmacology. He is an Independent Consultant and Co-founder & CEO of Ziarco Pharma Ltd.



Prev Post

Human Rights in the Crosshairs: Will the Real Target of Coronavirus Measures Please Stand Up?

Next Post

Dr. Peter Breggin's recent interview with Dr. Sucharit Bhakdi of D4CE.

