

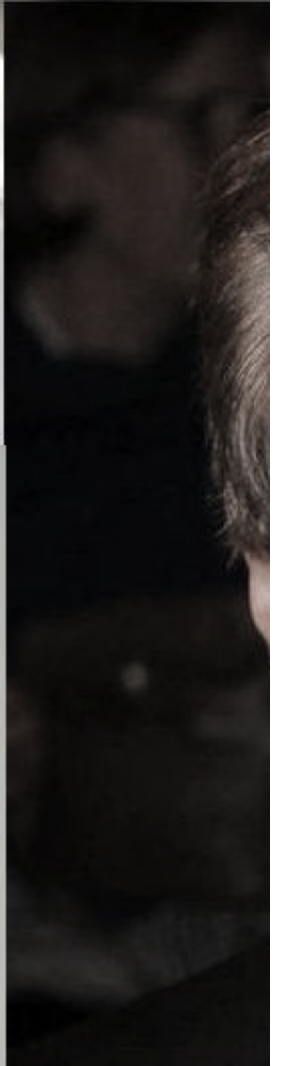
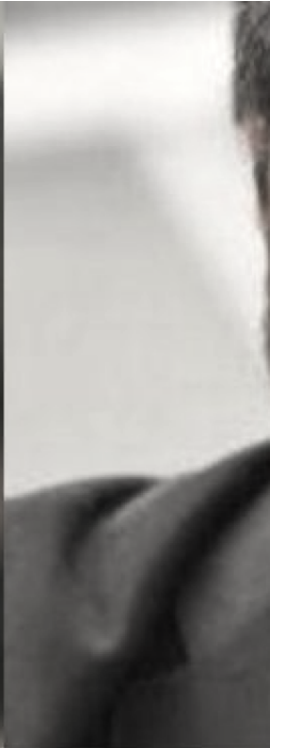


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Apr 17, 2020  476

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# 8 MORE Experts Questioning the Coronavirus Panic



## Our third batch of Medical experts dissenting from the media/political “consensus”.

\* \* \*

**Dr John Lee** is an English consultant histopathologist at Rotherham General Hospital and formerly clinical professor of pathology at Hull York Medical School. He is most notable to the wider public as co-presenter (with Gunther von Hagens) of *Anatomy for Beginners* (screened in the UK on Channel 4 in 2005), *Autopsy: Life and Death* (Channel 4, 2006) and *Autopsy: Emergency Room* (Channel 4, 2007).

What he **says**:

But there’s another, potentially even more serious problem: the way that deaths are recorded. If someone dies of a respiratory infection in the UK, the specific cause of the infection is not usually recorded, unless the illness is a rare ‘notifiable disease’.

So the vast majority of respiratory deaths in the UK are recorded as bronchopneumonia, pneumonia, old age or a similar designation. We don’t really test for flu, or other seasonal

infections. If the patient has, say, cancer, motor neurone disease or another serious disease, this will be recorded as the cause of death, even if the final illness was a respiratory infection. This means UK certifications normally under-record deaths due to respiratory infections.

Now look at what has happened since the emergence of Covid-19. The list of notifiable diseases has been updated. This list — as well as containing smallpox (which has been extinct for many years) and conditions such as anthrax, brucellosis, plague and rabies (which most UK doctors will never see in their entire careers) — has now been amended to include Covid-19. But not flu. That means every positive test for Covid-19 must be notified, in a way that it just would not be for flu or most other infections.

*– How deadly is the coronavirus? It's still far from clear, The Specator, 28th March 2020<*

\*

Few tests have been carried out in patients with mild symptoms. This means that the number of positive tests will be far lower than the number of people who have had the disease. Sir Patrick

Vallance, the government's chief scientific adviser, has been trying to stress this.

He suggested that the **real figure for the number of cases could be 10 to 20 times higher than the official figure**. If he's right, the **headline death rate due to this virus will be 10 to 20 times lower** than it appears to be from the published figures.

[...]

**The distinction between dying 'with' Covid-19 and dying 'due to' Covid-19 is not just splitting hairs**. Consider some examples: an 87-year-old woman with dementia in a nursing home; a 79-year-old man with metastatic bladder cancer; a 29-year-old man with leukaemia treated with chemotherapy; a 46-year-old woman with motor neurone disease for 2 years.

All develop chest infections and die. All test positive for Covid-19. Yet all were vulnerable to death by chest infection from any infective cause (including the flu).

***– How to understand & report figures for 'Covid deaths', The Spectator, 29th March 2020***

\*

**Dr. John Oxford** is an English virologist and Professor at Queen Mary, University of London. He is a leading expert on influenza, including bird flu and the 1918 Spanish Influenza, and HIV/AIDS.

What he **says**:

Personally, I would say the best advice is to spend less time watching TV news which is sensational and not very good. Personally, I view this Covid outbreak as akin to a bad winter influenza epidemic. In this case we have had 8000 deaths this last year in the ‘at risk’ groups viz over 65% people with heart disease etc. I do not feel this current Covid will exceed this number. We are suffering from a media epidemic!

– *“A VIEW FROM THE HVIVO / OPEN ORPHAN #ORPH LABORATORY”, blog post on Novus Communications website, March 31st 2020*

\*

**Prof Knut Wittkowski** is German-American researcher and professor of epidemiology. He worked for 15 on the Epidemiology of HIV before heading for 20 years the Department of Biostatistics, Epidemiology, and Research Design at The Rockefeller University, New York.

What he says:

With all respiratory diseases, the only thing that stops the disease is herd immunity. About 80% of the people need to have had contact with the virus, and the majority of them won't even have recognized that they were infected, or they had very, very mild symptoms, especially if they are children. So, it's very important to keep the schools open and kids mingling to spread the virus to get herd immunity as fast as possible.

[...]

We are experiencing all sorts of counterproductive consequences of not well-thought-through policy

[...]

I have been an epidemiologist for 35 years, and I have been modeling epidemics for 35 years. It's a

pleasure to have the ability to help people to understand, but it's a struggle to get heard.

Perspectives on the Pandemic | Professor Knut Wittkowski | Episode 2



**Dr Klaus Püschel** is German forensic pathologist and former professor of forensics at Essen University and current director of the Institute of Forensic Medicine at the University Medical Center Hamburg-Eppendorf. He has worked on many noteworthy autopsies, as well high-profile forensic archaeological studies.

Contrary to the guidelines of the Robert Koch Institute, his office in



Hamburg has started to differentiate between deaths *with* and *from* coronavirus, which **led to a decrease in Covid19 deaths**.

What he **says**:

This virus influences our lives in a completely excessive way. This is disproportionate to the danger posed by the virus. And the astronomical economic damage now being caused is not commensurate with the danger posed by the virus. I am convinced that the Corona mortality rate will not even show up as a peak in annual mortality.

All those we have examined so far had cancer, a chronic lung disease, were heavy smokers or severely obese, suffered from diabetes or had a cardiovascular disease. The virus was the last straw that broke the camel's back, so to speak [...] Covid-19 is a fatal disease only in exceptional cases, but in most cases it is a predominantly harmless viral infection.

– *“Der streit ums richtige Mas”*, *Hamburger Morgenpost*,  
*3rd April 2020*

\*

In quite a few cases, we have also found that the current corona infection has nothing whatsoever to do with the fatal outcome because other causes of death are present, for example, a brain haemorrhage or a heart attack. [Covid19 is] not particularly dangerous viral disease [...] All speculations about individual deaths that have not been expertly examined only fuel anxiety.

– *“Von den Toten lernen für die Lebenden”*, Hamburger AbendBlatt, 2nd April 2020

\*

**Dr Alexander Kekulé** is a German doctor and biochemist. He has held the Chair for Medical Microbiology and Virology at Martin Luther University Halle-Wittenberg since 1999 and is the current Director of the Institute for Medical Microbiology at the University Hospital Halle.

What he **says**:

It's impossible to wait for a vaccine [...] The quickest we could have a vaccine ready is in six months. Based on experience, I'd say the reality is closer to a year. We can't stay under lockdown for six months to a year. If we did that our society and our culture would be ruined.

[...]

People under 50 are very, very unlikely to die or get seriously ill from the coronavirus. We have to let them get infected so they can develop immunity.

– *“Infect the young and isolate those at risk’ – One German scientist’s plan to end the lockdown”, The Telegraph, 11th April 2020*

\*

**Dr Claus Köhnlein** is a German Internist based in Kiel and co-author of the book **Virus Mania**

What he **says**:

[The coronavirus test] is a PCA-based test, where false positives are programmed in.

Half of [the positive tests] could be wrong. PCA tests often show false positives. You can ask professor Gigerenzer in Berlin about this problem area. The tests are very sensitive. If you have only one molecule of something, the test can show positive. That doesn't mean the patient is sick, or that he has the coronavirus; it doesn't get isolated, but one relies wholly on these tests.

At the moment one can't say how high the mortality rate really is, we need significantly more testing and significantly more sick or deceased people. It is too soon.

But the spreading panic is in large parts founded on news from Italy. And nowadays one doesn't know how much of it is fake news. I have seen Italian doctors online, where I have compelling suspicions something isn't right with what they say.

I am a clinician and I don't see a new disease on the horizon. If you took away the test, life would

go on as before, there wouldn't be anything to see.



## Interview with Dr. med. Claus Köhnlein

from thesites

08:15

\*

**Dr Gérard Krause** is head the Department for Epidemiology at the Helmholtz Centre for Infection in Braunschweig, director of the Institute for Infectious Disease Epidemiology at TWINCORE in Hannover and Chair of the PhD Program Epidemiology at the Hannover Medical School. He also coordinates the Translational

## Infrastructure Epidemiology at the German Centre for Infection Research (DZIF).

### What he **says**:

We have to keep these serious social measures as short and as low as possible, because they could potentially cause more illnesses and deaths than the coronavirus itself.

Although my focus is on infectious diseases, I believe that it is imperative that we consider the impact on other areas of health and society. We as a society must not focus solely on the victims of the corona virus.

We know that unemployment, for example, causes illness and even increased mortality. It can also drive people into suicide. Restricting freedom of movement is likely to have a further negative impact on public health.

It is not so easy to calculate such consequences directly, but they still happen and they can possibly be more serious than the consequences of the infections themselves.

– *Interview for zdf.de, 29th March 2020*

\*

**Dr Gerd Gigerenzer** is a German psychologist, professor of psychology and Director of the Harding Center for Risk Literacy at the Max Planck Institute for Human Development in Berlin.

What he **says**:

The 2009 swine flu epidemic killed hundreds of thousands, mostly in Africa and Southeast Asia. But in Europe, where the threat was comparatively small, the media updated the death toll and the number of suspected cases on a daily basis. In the United Kingdom, the government predicted that as many as 65,000 citizens might die from the disease. In the end, fewer than 500 died.

Predictably, such daily accounting triggered fear and led politicians to make hasty, ill-advised decisions – such as stockpiling medication – without examining the evidence. All eyes were

focused on the new, unknown virus, and not on protecting people from more lethal threats, such as seasonal influenza, which in 2009 killed orders of magnitude more people than swine flu. It still does – as would be clear if the media bombarded us with hourly updates of the flu-related death toll.

Similarly, millions of people, particularly in developing countries, die from malaria and tuberculosis each year. And in the United States alone, hospital-acquired infections kill some 99,000 patients annually. Yet, these unlucky people get next to no attention.

Why are we more scared of what is less likely to kill us?

[...]

[W]hen swine flu spread, many governments followed the World Health Organization's advice and stockpiled Tamiflu, a medication that was marketed to protect against the severe consequences of flu. Yet, **many expert advisers to the WHO had financial ties to drug manufacturers, and there is still no evidence that Tamiflu is effective.** The US wasted over \$1



billion, and the UK over £400,000 (\$522,000), on this medication – money that instead could have been invested in improving health care.

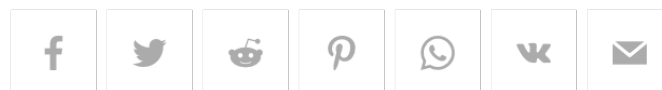
– *Why What Does Not Kill Us Makes Us Panic*,  
Project Syndicate, 12th March 2020

\*

**BONUS:** Dr Pietro Vernazza of Switzerland was featured in our first “experts list”, but he has since written four more articles on various aspects of the coronavirus, including **testing programs, medical masks** and if **closing schools may be counter-productive**.

\*

If you can find any other examples of noteworthy experts deviating from the mainstream narrative, please post them below. As always, this list would have been impossible to build without **Swiss Propaganda Research**. Follow their work and share widely. An indispensable resource.



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## Maggie



What a coincidence that US scientists warned China in 2017 that the corona virus 'could' escape from their new 4 star security state of the art laboratory....

<https://www.dailymail.co.uk/health/article-7922379/Chinas-lab-studying-SARS-Ebola-Wuhan-outbreaks-center.html>

👍 1 | 0 👎 Reply

🕒 Apr 25, 2020 6:18 PM



## Laurence Howell



Japan's Demon Of BioWar Kawaoka Inserted HIV Force Multipliers Inside The Wuhan Virus.

Here in Part 4 of this series on the Wuhan coronavirus outbreak, smoking gun evidence against microbiologist Yoshihiro Kawaoka has surfaced in an RNA analysis run by microbiologists Prashant Prashant and colleagues at the Indian Institute of Technology and The University of Delhi. The introductory remarks by the Indian research team are a masterpiece of understated dry wit: "The finding of four unique inserts in 2019 -nCoV (Wuhan coronavirus), all of which have identity and similarity to amino acid residues of key structural proteins of HIV-1, is unlikely to be fortuitous."

Have a sip of Assam tea while pondering how four GP120 and Gag protein strands from HIV, the virus associated with AIDS, just happen to be strategically located inside this SARS-modified virus. The key word here is "insert", as in gene-engineered. Wuhan CoV was created in a lab.

Exhibit B is a 2011 research paper by Y. Kawaoka and two colleagues at his animal virology lab at the University of Wisconsin-Madison, titled "HIV reverse-binding protein is essential for influenza A virus replication and promotes genome-trafficking in late-stage infection". Published in the Journal of Virology, September 2011, it's an admission of guilt for preparing the

## emergence of the Wuhan contagion

👍 1 | 0 👎 [Reply](#)

🕒 Apr 24, 2020 1:21 PM



**Laurence Howell**



My last post was taken down. Who moderates freedom of speech on “because facts matter”.

Dr Fauci and Dr Birx [virus experts to the Trump Administration] are members of a group called Pepfar. Incubated at the WHO and the UN it is the source of massive corruption along with Bill Gates and his fake science foundation. Amazing Polly on youtube, “We are being Plagued” shows in detail the structure of this corrupt group. Dr Fauci authorised Yoshihiro Kawaoke to carry on with his research into Virus plus HIV.

To summarize, a decade ago at his lab in Wisconsin with generous funding from Japanese state institutions, Kawaoka was developing an “unstoppable flu”, secretly derived from an illegal exhumation of the Arctic frozen corpse of an Alaskan native who died in the 1918-19 influenza pandemic, which killed up to 80 million worldwide. I learned of Kawaoka’s reckless violations of science ethics from Robert Finnegan, former editor of the Jakarta Post, who was tracking the theft of MERS and other virus samples from NAMRU-2 (U.S. Navy Research Unit) by a senior local lab technician who personally smuggled the dangerous materials to U Wisconsin. { Yoichi Shimatsu, Rense.com}

We are under attack by the Illuminati, wake up .

👍 2 | -2 👎 [Reply](#)

🕒 Apr 24, 2020 11:30 AM



**Paul too**



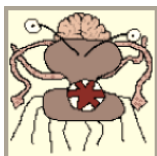
This is an interview with Swedish epidemiology Professor Johan Giesecke,

advisor to the Swedish Government (he hired Anders Tegnell who is currently directing Swedish strategy). Much in line with others cited here at OffG, he states among many other points that The Imperial College paper was “not very good” and how he has never seen an unpublished, non peer-reviewed paper have so much policy impact:

**<https://unherd.com/the-post/coming-up-epidemiologist-prof-johngiesecke-shares-lessons-from-sweden/>**

👍 1 | 0 👎 Reply

🕒 Apr 23, 2020 1:48 PM



**Derek**



What happened to the “12 Experts Questioning the Coronavirus Panic” article? Has it been “disappeared”?

👍 0 | 0 👎 Reply

🕒 Apr 22, 2020 11:40 AM ^



**Paul too**



Same place it always was: **<https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/>**

👍 2 | 0 👎 Reply

🕒 Apr 23, 2020 1:42 PM



**Binra**



I’m also finding most of these voices in parallel.

My diagnosis is organised panic not unlike a shaped charge to deliver (us to) a targeted control agenda which cannot be hidden and so must declare itself for what it is; fear driven control.

The choice or accepting of love or fear can be disguised to seem opposite to

fact.

Mind reversal is the last refuge.

War on virus? Yes but who do you think that is?

Ask Prince Phillip!

Don't feed the Beast? Indeed – but don't follow the finger of the accuser. Listen in the heart. Feed the seeds of embracing Life on Earth. They are not patented and can be trusted to copy right because they are shared

I repost the following from a commenter on Kendrick's bloc because I believe it deserves considering with regard to the effects of flu vaccinations on coronaviral – and other strains of seasonal respiratory disease.

---

US paediatrician Allan Cunningham on annual flu revaccination. (From his BMJ Rapid Response: Tamiflu & Influenza vaccines: more harm than good?)

**<https://www.bmj.com/content/368/bmj.m626/rr>**

We hear so much about the vital importance of flu shots that it will come as a nasty surprise to learn that they increase the risk of illness from noninfluenza virus infections such as rhinoviruses, coronaviruses, RS viruses, parainfluenza viruses, adenoviruses, HMP viruses and enteroviruses. This has been shown in at least two studies that have received little attention from public health authorities: A prospective case-control study in healthy young Australian children found that seasonal flu shots doubled their risk of illness from noninfluenza virus infections (unadjusted OR 2.13, CI 1.20—3.79). Overall, the vaccine increased the risk of virus-associated acute respiratory illness, including influenza, by 73% (OR 1.73, CI 0.99—3.03). (Table 2 in Kelly et al, *Pediatr Infect Dis J* 2011;30:107)....A randomized placebo-controlled trial in Hong Kong children found that flu shots increased the risk of noninfluenza viral ARIs fivefold (OR 4.91, CI 1.04—8.14) and, including influenza, tripled the overall viral ARI risk (OR 3.17, CI 1.04—9.83). (Table 3 in Cowling et al, *Clin Infect Dis* 2012;54:1778)....To my knowledge, the foregoing risk figures have not been

explicitly published anywhere. They will not be found in the abstracts of the articles, so you have to go to the tables and look at the numbers themselves.

What is going on? We are told year after year that influenza vaccines are 60% effective...30% effective...45% effective...etc. Does this mean that they prevent a significant proportion of all viral respiratory infections? No, these reports are based on non-randomized surveys known as “test-negative case-control studies”; they look only at influenza infections and make no attempt to look at the other 200-plus respiratory viruses. Furthermore, they make no attempt to look at any vaccine adverse effects such as seizures, narcolepsy, Guillain-Barre’ syndrome, or oculorespiratory syndrome.

How can influenza vaccines increase the risk of other infections? There are at least two possible mechanisms: first, influenza vaccines probably alter our immune systems non-specifically to increase susceptibility to other infections; this has been observed with DTP and other vaccines. (Benn et al, Trends in Immunology, May 2013) Secondly, there is the phenomenon of “viral interference” in which a virus infection stimulates the innate immune system to provide temporary and non-specific protection against other viruses. By preventing influenza infection a vaccine could prevent this unexpected but positive side effect. The Cowling study discusses this possibility in some detail. A recent study of virus population dynamics found, at least, that influenza A prevented subsequent rhinovirus infections, and influenza B prevented adenovirus infections. (Nickbakhsh et al, PNAS, 12 Nov 2019)

In the US seasonal influenza vaccines are now recommend every year for the entire population (excepting infants before 6 months of age). It is important to realize that this policy was instituted without acquiring safety and effectiveness data from randomized controlled trials. When routine vaccination for healthy young children was being contemplated some experts in pediatrics and infectious disease issued warnings. Kenneth McIntosh called for the performance of multi-center randomized trials over several seasons before such a policy was instituted. In explicit language he worried about

adverse effects, and the possibility that the risks of annual vaccination would outweigh the benefits. (Editorial, NEJM 2000;342:275) Twenty years later we must ask, “What harm is done by annual influenza vaccines? Where is the balance between risks and benefits?”

One of the imponderables is the effect of seasonal influenza vaccines on population immunity. Individuals who recover from influenza can have broad and long-lasting protection against an array of influenza viruses. First infections in young children can provide this, a phenomenon known as “imprinting”; this is subverted by childhood vaccination. Furthermore, the protection in adults who still carry the imprint from childhood may be subverted by the seasonal flu vaccine. This was seen in middle-aged adults during the 2018/19 influenza A(H3N2) epidemic in Canada; vaccine recipients suffered a nearly fivefold risk of illness from a drifted strain of A(H3N2), compared with unvaccinated individuals (OR 4.67, CI 1.85–11.82). (Skowronski et al, EuroSurveillance, 14 Nov 2019)..... What are we doing to population immunity with wide annual distribution of seasonal flu vaccines? Are our annual epidemics getting milder or more severe? What effect will years of seasonal influenza vaccines have on the next pandemic? Remember the 2009 swine flu pandemic? The risk of severe pH1N1 illness in Quebec increased progressively according to the number of seasonal flu shots received in previous years and was more than threefold in individuals who had received five vaccinations in five years, compared with unvaccinated individuals (adjusted OR 3.24, CI 1.97—5.34). (Table 5 in Skowronski et al, PLoS Medicine, April 2010)

In the US a regular feature of publicity urging annual flu shots are mathematical estimates of deaths caused by influenza, provided by the CDC. Since the 2010-11 season these estimates have ranged between 12,000 and 79,000 US deaths each season. The numbers are far in excess of actual cases documented in death certificates or by surveillance networks reporting on laboratory test-positive cases. While we wait for better numbers, it is not merely academic to ask what we would find if we focused as intensively on



other respiratory viruses as we do on influenza. If influenza vaccines increase the overall risk of viral ARIs, as they do in the studies discussed above, would they also increase the overall number of ARI deaths?

👍 2 | -1 🗑️ Reply

🕒 Apr 21, 2020 10:10 PM



**Fredrick Muller**



It strikes me that the Corona propaganda machinery may be compared to a battle ship. On top there is a bridge manned by officers who issue commands to the sailors. However, they do not design strategy. That is being developed by a few admirals somewhere in a safe bunker and transmitted to the lower echelon on a need to know basis. The big guns are located below the bridge and they hammer their message day and night. On the deck below there are smaller guns. These are meant to defend the battle ship against those who have armed themselves with independent conclusions/thoughts. On the deck below are the ammo bunkers where sailors prepare shells for the big and the small guns and where targets are selected. On the deck below there are the engines driven by the desire for the sweetest thing of all: Being able to tell somebody (or better everybody) what they have to do without there being any possibility of refusal.

👍 6 | -1 🗑️ Reply

🕒 Apr 21, 2020 2:47 AM



**Linda**

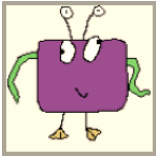


New Zealand's models were "sexed up"

<http://www.tailrisk.co.nz/documents/Corona.pdf>

👍 0 | 0 🗑️ Reply

🕒 Apr 21, 2020 1:05 AM



**Nicholas Clare**

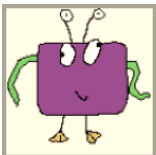


~ IS THE UK CORONA-VIRUS ACT 2020 UNLAWFUL ???



👍 2 | 0 👎 Reply

🕒 Apr 20, 2020 11:30 PM



**Nicholas Clare**



~ IS THE UK CORONA-VIRUS ACT 2020 UNLAWFUL ???

👍 3 | 0 👎 Reply

🕒 Apr 20, 2020 11:29 PM



**1of7billion**



The above has convinced me that this virus is nothing special and no deadlier to most people than most years of seasonal flu.

But I think we have to look closely at how this all started and why, and what I

am about to suggest has been my opinion more or less since this started.

So as I have no authority as an anonymous poster on a website, firstly it is the general opinion of this very top epidemiologist who advises the Swedish government, that countries followed the example of China.

**<https://order-order.com/2020/04/18/must-watch-swedish-epidemiologist-lays-swedens-thinking-video/>**

Now consider this quote off an article entitled “Silencing America as it prepares for war” by award winning journalist John Pilger, written as far back May 2016, so before President Trump got into office in Jan 2017:

“On Obama’s watch, a second cold war is under way. The Russian president is a pantomime villain; the Chinese are not yet back to their sinister pig-tailed caricature – when all Chinese were banned from the United States – but the media warriors are working on it.

Neither Hillary Clinton nor Bernie Sanders has mentioned any of this. There is no risk and no danger for the United States and all of us; for them, the greatest military build-up on the borders of Russia since World War Two has not happened. On May 11, Romania went “live” with a Nato “missile defence” base that aims its first-strike American missiles at the heart of Russia, the world’s second nuclear power.

In Asia, the Pentagon is sending ships, planes and special forces to the Philippines to threaten China. The US already encircles China with hundreds of military bases that curve in an arc up from Australia, to Asia and across to Afghanistan. Obama calls this a “pivot”.

As a direct consequence, China reportedly has changed its nuclear weapons policy from no-first-use to high alert and put to sea submarines with nuclear weapons. The escalator is quickening.

It was Hillary Clinton who, as Secretary of State in 2010, elevated the competing territorial claims for rocks and reef in the South China Sea to an

international issue; CNN and BBC hysteria followed; China was building airstrips on the disputed islands. In a mammoth war game in 2015, Operation Talisman Sabre, the US and Australia practiced “choking” the Straits of Malacca through which pass most of China’s oil and trade. This was not news.

Clinton declared that America had a “national interest” in these Asian waters. The Philippines and Vietnam were encouraged and bribed to pursue their claims and old enmities against China. In America, people are being primed to see any Chinese defensive position as offensive, and so the ground is laid for rapid escalation. A similar strategy of provocation and propaganda is applied to Russia.”

**<http://johnpilger.com/articles/silencing-america-as-it-prepares-for-war>**

There’s a video of Q & A on YouTube about it also, you can see by searching “John Pilger Riverside Q&A V1” but as I now know any comment with 3 or more links on it goes into the spam folder I can’t give the link for that.

My point is, when stuff like the above described in John Pilger’s article was already going on before Donald Trump started rattling his sabre at nearly every one in sight, especially N Korea and China and Iran, you can imagine how scared China must really be now the volatile and unpredictable Trump is president, and seems to have it as number one on his hit list in problem terms, because his biggest problem is the world dominance of the Chinese economy and the instability in his own.

So my point is, China must now be very much in fear that nuclear war is more than possible with this apparently crazy maverick US President, who has made it seem like he is ready to “go for his gun” at any time, though it’s impossible to tell if he’s bluffing or not.

Either way, you can easily imagine the extreme motivations they have to get rid of him, because again, judging by John Pilger’s article, you can see things were bad enough for them even under Obama’s reign.

The mythology incidentally that nearly deifies Obama merely on account of his

ethnicity is exactly that – the most shameful aspect of which, is that as America's first visibly black president, he did almost nothing for black Americans in the sense that he left office with more or less the same situation he entered it in, which is with about 2 to 2.2 million citizens in prison and a whopping 40% of them black.

For all his other faults, President Trump has probably still done more for the black Americans than Obama, by giving them jobs, which is the thing they need the very most to keep them from depending on the drug culture and other forms of crime for employment.

But in any case, he doesn't currently appear to be a "friend" of China, and I suspect he is under the same suspicion as am I that this is somehow a Chinese attack on America and the West.

I don't think it is necessary that the Chinese actually developed this virus in a laboratory as President Trump has already suggested might be the case, though only alleging an accidental leak.

I think merely that they hoaxed the entire West by what was a genuine leak, meaning the story about the doctor who allegedly (this is the "set-up" for the "sting" in my view) tried to blow this story about this deadly new virus, he tried to "warn everyone" and the Chinese repressed him.

And the Western media and governments too (I'm sure Trump loved it to begin with) went crazy over this story, it was everywhere, that the Chinese dictators/despots had even suppressed a doctor, a genuine hero and whistleblower you see, just trying to tell the truth to save lives, and his own despotic government shut him up.

But while the Western media and politicians were wallowing in self-righteousness, what they didn't at first see was that this story had put a global warning out that a deadly virus was afoot.

And as soon as the news of thousands of deaths in just one small province of China (Wuhan, population 11 million, which is "peanuts" in Chinese terms)

came out, and the Chinese had to do this massive lock down to stop the dead bodies piling up high, then the sirens were sounding all round the world, and then every other government was under pressure to do exactly the same as China had done.

Especially you see, when the news also came out \*very quickly indeed\* that the lockdown had been “successful”, and apparently all of a sudden there were \*no new cases, no deaths\*, which was totally beyond belief, which they then followed up by reporting a few isolated cases here and there to make it look less unbelievable.

But it was truly staggering to see how it appeared all the governments believed the Chinese figures and reports, even though they had been doubting everything that came out of China before that for years.

So the Western media and governments bought this story hook, line and sinker, which in turn did most of the public, really nearly everybody, because they were scared – I even read a comment somewhere normally skeptical which said “well if China is taking it seriously, that proves it must be bad.”

So why would China do that, put out that hoax?

Very simply because they knew that if the Western authorities were \*stupid enough\* to copy their measures, as they would be unable to lie (in a fundamental way) about their figures, which the Chinese could do at will, as nobody really knows what is happening there, and with a country that massive in size and population it’s probably hard for even the government themselves to know what is going on a lot of the time, they would bring economic ruin on their own countries.

A ruin on America in particular, that the Chinese thought might either get rid of President Trump, or give him so much domestic problems he would be busy with for years and so not be able to prioritise China any more. Which now looks like it may be true.

Trump is unable to prove (and likely never will be able to) if China is to blame

for this, or it was just a natural event, and so all he can do is Tweet his annoyance. But he is up to his neck now in domestic disaster, which may go on until he is no longer president, especially bearing in mind his age, so it's not likely he will do more than one more term.

So then the question may be – OK, maybe China hoaxed the world. Does it really matter? Is anyone better off for knowing that, especially as it is likely impossible to prove?

Note also for example the doctor who was allegedly “suppressed” when trying to “blow the whistle” has conveniently died of covid-19 (a nice and convincing touch to the hoax) though like a lot of other people round the world who got “covid-19” on their death certificate, we will never know the actual cause, but only that he can't do any “whistle-blowing” any more.

A bit too convenient a death for my liking, when they've probably got a million doctors in China, but we've not heard of many dying of covid-19 apart from him, bearing in mind to date China has only reported a minuscule 4,636 total deaths, and in a country of nearly 1 billion people apparently *nobody died of covid-19 today*.

I mean he is allegedly named Li Wenliang, aged 34, so well out of the at risk group, and looks like one of the healthiest young men you could ever see (in the picture in the Guardian).

Did he really die? Is he really a doctor, etc, etc.? Or is there another doctor of that name? Who knows?

We only have the word of the Chinese authorities this is anything more than a “Peking Films Production” sponsored by the Chinese government.

So you know, is this really plausible that out of 4636 total covid-19 deaths, mostly in Wuhan, a region of 11 million people, one of those tiny number of deaths, one is the doctor who tried to “blow the whistle”?

So please, if they are going to tell barefaced lies like those, why should we

believe anything they say, and moreover, *why did we?*

Because our governments and media were *stupid*, that's why...

That's the lesson we need to learn from this.

And now we've seen how dangerous it is to have stupid governments, who acted basically (in both the case of Boris Johnson and Donald Trump) to protect their own political careers (and probably in both cases destroyed them in the process), we need to do something about that – we need electoral reform (mainly full PR, but also rooting out “bought electoral candidates”, using deselection, etc.) or we'll continue having these not bright enough and not principled enough people putting us all at risk and locking us all up for no good reason.

Yes, I appreciate they (Trump, Johnson, etc.) thought “Hey, wait a minute...if I call it wrong, I could get blamed for hundreds of thousands of deaths...”

Yes, true, but if they had taken enough scientific opinion instead of knee-jerk reacting to scientific advisers who were also all trying to cover their own rears, they could have stopped this hysterical response.

Because just think.

Suppose you are a scientific advisor to government – not some “independent expert” who isn't going to carry the can if they call it wrong, but somebody who knows that the president or PM is going to take actions based on your advice which may cause numerous thousands of deaths if you call it wrong, *of course* you are going to want to cover your rear so solidly it will be like you've titanium coated it.

So *obviously* when asked for such advice, you are going to err on the side of *extreme caution* and therefore likely do a massive overestimate of the risk in order to cover that consequently titanium plated behind.

So you need scientists with guts, just as you need leaders with guts, who are able to stand firm while the health services whinge relentlessly (though not



having protective equipment was a very justified whinge) that they are overstretched, like they've been doing probably since the NHS was invented.

So we didn't have them.

So our experts lied, they deceived us pretending a) they could control a virus b) they could stop people dying c) the economy would survive

Let's just hope the lie about (c) wasn't half as bad as the lies about (a) and (b).

 21 |  -7  Reply

 Apr 19, 2020 9:29 PM 



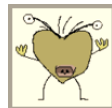
**1of7billion**



If people are giving negative ratings to a comment (as is their right under this system of commenting) it occurs to me that if they do not explain their reasons for downvoting the comment there is no reason for anybody to take it seriously, or even to be able to safely assume that they have even read the comment, so can't possibly be able to pass a considered opinion on it.

 7 |  -5  Reply

 Apr 20, 2020 1:28 PM 



**Bob**



Could be trolls. Your comment was awesome.

 1 |  -3  Reply

 Apr 21, 2020 8:21 AM



**Scotched Earth**



Neither upvoted nor downvoted, 1of7, but thought your comment very good and thought-provoking.

My only area of disagreement is your belief that 'electoral reform', specifically PR, will solve anything. The majority of 'democracies' use some form of PR,

much good it does them—Italy, Spain, they are all as messed up as any other, and currently all embracing the new totalitarianism. In Britain, non-mainstream parties and their supporters tend to favour some form of preferential voting to get their foot in the door, if not No.10; but in Australia there are calls to restore FPTP as their preferential voting keeps the non-mainstream out.

Whether favouring or opposing PR or FPTP, along with supporting or opposing lowering/raising voting age or compelling voting, disenfranchising here and enfranchising there—all of this only illustrates the corrupting effect of democracy where we all just try to game the system in pursuit of our own ends.

People go on about ‘democracy’, repeating it like a mantra—unsurprising being the products of our State schools, faith institutions inculcating the worship of government more effectively than any RC school ever cultivated faith in Christ.

To break their programming requires questioning their ‘democracy’ mantra.

Britain has proliferating elected offices (imposed from above)—mayor, Police and Crime Commissioner, etc. Are we better governed for those offices’ existence? Has the introduction of PCCs prevented our police behaving like newly-promoted *KZ-Wachleute*?

Tony Benn famously had ‘five democratic questions’: ‘If one meets a powerful person ... one can ask five questions: what power do you have; where did you get it; in whose interests do you exercise it; to whom are you accountable; and, how can we get rid of you?’ I would add a sixth: ‘How can we get rid of your *entire damn office*?’

One of the first ‘red pills’ is realising that ‘democracy’ is not synonymous with ‘liberty’; indeed is arguably *antonymous*—and so argues Plato in his *Republic*, Book 8, that tyranny inevitably follows democracy.

The history of the West, with particular respect to the 20th Century, shows democracy expanding along with government while liberty and retained income decreased. Democracies withdrew from core functions like defending the people, and turned to nagging and harrying them instead. And now our ‘democracy’ has delivered a level of tyranny with neither

historical nor fictional precedent: 'An Englishman's home is his castle', an increasingly hollow notion, has become 'An Englishman's home is his prison'; no longer either Subject or Citizen, we are Convicts or Internees; and while Cromwell's infamous Parliament is still remembered and condemned for banning Christmas festivities, this Parliament has banned *everything*, including walking in the countryside and sitting on park benches. And this new totalitarianism has been embraced by *all* parties at *all* levels of government, from WM through devolved to local. Plato's warning is fully realised, and gone far beyond his expectations.

👍 1 | 0 👎 Reply

🕒 Apr 23, 2020 1:57 PM



**robert baker**



Strong Conspiracy and Moderate Pseudoscience website that also promotes Russian propaganda. (D. Van Zandt 5/29/2019)

This website is part of the Russian propaganda machine. Don't be fooled.

👍 3 | -21 👎 Reply

🕒 Apr 19, 2020 7:34 PM ^



**robert baker**

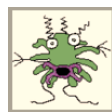


Here is the source for my comment above:

<https://mediabiasfactcheck.com/offguardian/>

👍 3 | -16 👎 Reply

🕒 Apr 19, 2020 7:35 PM ^



**A.J.**



mediabiasfactcheck.com is heavily monetized, full of ads and injunctions to become a member, and use the term "pro-socialist" to describe off-guardian.

What is this? 1950 during the cold war? It is clearly an american supremacist website trying to oppose every opinion against the “great” american empire.

Even their CSS design shows it was made by government people with zero webdesign skills.

Basic “anti conspirationist” rhetoric, everywhere on this trap-website.

 14 |  0 [Reply](#)

 Apr 20, 2020 10:58 AM 



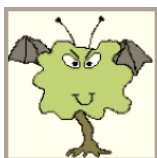
**Peter**



Further, they describe WikiLeaks as factual reporting as “MIXED” when they have a 100% accuracy record in over ten years of reporting. LMAO.

 8 |  -1 [Reply](#)

 Apr 20, 2020 1:23 PM



**Mark**



Don't think you've yet included Professor Johan Giesecke, described as: “one of the world's most senior epidemiologists, advisor to the Swedish Government (he hired Anders Tegnell who is currently directing Swedish strategy), the first Chief Scientist of the European Centre for Disease Prevention and Control, and an advisor to the director general of the WHO”. He made a whole bunch of excellent statements about the panic, explaining Sweden's approach, and criticising the British government's panic response and the science behind it. Interview here:

**<https://unherd.com/the-post/coming-up-epidemiologist-prof-johan-giesecke-shares-lessons-from-sweden/>**

Also another important strand currently is the important suggestion that the immensely costly lockdowns have made no difference to the progress of the disease. This was picked up from the data by Israeli mathematics professor

Isaac Ben-Israel and reported in the Times of Israel here:

<https://www.timesofisrael.com/top-israeli-prof-claims-simple-stats-show-virus-plays-itself-out-after-70-days/>

He is not a medic, but that's beside the point – as a mathematician he's an expert at studying datasets, and if he says the disease datasets from different countries show no difference whether there is lockdown or not, then it's likely that's the case. The next step is for medics to explain how that comes about (most likely because all the important steps in limiting spread are taken before coercive lockdowns are introduced, or possibly just as a result of seasonal variation in the activity of the virus, as with colds).

More support for that here:

<https://www.thecollegefix.com/university-researchers-find-no-additional-decline-in-coronavirus-infection-rate-from-lockdowns/>

here:

<https://lockdownsceptics.org/wp-content/uploads/2020/04/How-the-World-got-Fooled-by-COVID-ed-2c.pdf>

here (per swprs):

[https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/17\\_2\\_o\\_SARS-CoV2\\_vorab.pdf?\\_\\_blob=publicationFile#page=5](https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2020/Ausgaben/17_2_o_SARS-CoV2_vorab.pdf?__blob=publicationFile#page=5)

 4 |  0  Reply

 Apr 19, 2020 6:09 PM 



**Bob**



Could it possibly be because the people dying in either case are not dying of infectious diseases at all or Covid19 in particular? It's cancer, old age, pneumonia (which can be caused by rotten teeth etc), COPD, or maybe just the standard flu anyway. It could be something they catch in the hospital after they are admitted whilst at death's door.

When you are very sick you can catch diseases off yourself. There is no need for anything to even "spread".

👍 0 | 0 🗑️ Reply

🕒 Apr 21, 2020 8:25 AM



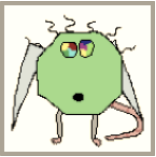
**Brent May**



Thank you for sharing

👍 1 | -1 🗑️ Reply

🕒 Apr 19, 2020 3:14 PM



**Jens**



75 Expertenstimmen zu Corona <http://blauerbote.com/2020/04/13/75-expertenstimmen-zu-corona/>

👍 2 | 0 🗑️ Reply

🕒 Apr 19, 2020 11:46 AM



**Paul2**



Vernon Coleman (UK doctor and medical author) posted another YouTube video entitled “The lockdown remedy for coronavirus is deadlier than the disease. Dr Vernon Coleman explains why far more people will die from the so-called “cure” than the coronavirus.” on the 15th

## Coronavirus 3: Why You Are Now In Great Danger



👍 12 | -1 🗑️ Reply

🕒 Apr 19, 2020 12:10 AM ^



**Nicholas Clare**



~ IS THE UK CORONA-VIRUS ACT 2020 UNLAWFUL ???

👍 0 | 0 🗑️ Reply

🕒 Apr 20, 2020 11:25 PM



**Chris Hastings**



I found this recently. Maybe I've just spent too long in isolation and want to believe something else, but according to this, deaths from flu in England, Scotland and N.I. were 372 in 2017/18. (Link below.)  
2017/18 has previously been cited as a 'terrible year' for influenza deaths. It seems it was a terrible winter for hospitals. But not a bad one relatively speaking for flu. In fact there don't seem to be that many deaths in the UK from

flu at all according to government data

Which does make me wonder, because if only 20% of the UK caught Covid19, and there was a mere 0.1% chance of dying from it, you'd still end up with 13,000 deaths.

As I say, I'm probably starting to go mad. But 13k at 0.1% seems to produce quite a lot of deaths in comparison to regular flu stats.

I've lost a central train of thought on this.

Regardless of the virus's potency I agree that this is part of a globalist agenda.

And I believe some clear and concise data would be helpful.

<https://www.bmj.com/content/361/bmj.k2795/rr-6#>

 2 |  -1  Reply

 Apr 18, 2020 11:32 PM 



**Meema**



That is because of the stated death statistics in the UK (see beginning of text). Flu and pneumonia are not listed as death causes if there are some other underlying grave diseases like Cancer, Cold, Alzheimer (and that is the case for most deaths of influenza). In comparison Covid-19 is given as the death cause even when there would be other underlying causes/ diseases (as there almost always is).

In Germany there is c. 25 000 yearly deaths from the seasonal Influenza. That would be 0,1-0,5% depending on year or severity. Now they are calculating a letality (not mortality for the whole country) of similar or less magnitude for corona.

 6 |  0  Reply

 Apr 19, 2020 4:15 PM 



**Chris Hastings**



Awesome. Cheers. Become fatigued with so much info of late. That – plus the professor to Sweden having been interviewed today – clarifies



a lot!

👍 1 | 0 👎 Reply

🕒 Apr 19, 2020 11:51 PM



robert baker



There is a vaccine against flu – there is NOT a vaccine against Covid-19. The two should not even be compared.

👍 1 | -10 👎 Reply

🕒 Apr 19, 2020 7:37 PM ^



Bob



Compare it to the common cold then. That is a more apt comparison actually.

The death rates are similar. They are both caused by Coronaviruses. They both spread the same ways. They both have no vaccine.

👍 1 | -1 👎 Reply

🕒 Apr 21, 2020 8:34 AM ^



robert baker



The common cold is normally a mild illness that resolves without treatment in a few days (Source: Villanova.edu)

👍 0 | -1 👎 Reply

🕒 Apr 21, 2020 7:11 PM



jonny



A vaccination against \*which\* kind of flu?

<https://www.livescience.com/flu-shot-bad-match-influenza-b.html>

As they say in political science, by analogy, you are always fighting the

new war with the knowledge of the last war.

Flu is a moving target and as already noted above with reference to a peer-reviewed article, flu vaccines are arguably unhealthy.

The idea of vaccinating against flu can be understood as a component in the war on microbes, which is the foundation of all life. Worse than shooting yourself in the foot, it resembles removing your legs.

👍 1 | -1 🗨️ Reply

🕒 Apr 22, 2020 2:13 PM



**mikael**



Intresting times, huh, indeed.

So. off-g, what is happening as we speak, you are, been under attack, I have my opinions but they are more hooned into historical bollocks than anything else, since I my self have experienced and is experiencng falsified/falsifying my tribes history as we speak in the year of the lord 2020, and I hate people from the bottom of my hart those that continue to barf lies, continue to fake history and/or invents more bollocks to cover up their initial lies, as infinitum akaka an continuing circle jerk where I have focused on slamming that down as far I can and sometimes by temper takes the lead.

Then we have some more aspects, I really found this article with the coments made by this people to be enlightening and just confirms the issue when you use critical thinking and lifts the carpet where everything is been thrown under, regarding the hyping of the so called epidemic.

Another thing is, the attacks comes from some sites/persons that is a bit sad, infact, they try to undermine the issue with ad-homeniems and uses the official narratives as the guiding light, and cencures everybody whom is or dont comply, while they them self attacks, like the MSM witch they claim is cencuring alternatives, they do exactly the same, and somehow your site is been under the hammer.

Weird, to be honest.

Then we have the eh..... plauge.

Herd imunity, what do that really mean, as some stated it, the real source must be that this virus isnt that dangerous is initially prodjected/persived, and the testing witch rises the numbers of infected exponetially just confirms the facts that this eh... epidemic isnt that dangerous, of course the problem is that this, as the counteless flu epidemics have shown in the past, is dangerous for certain groups, no matter how large the numbers of detections we have or gett, the numbers of deaths dont fluctuate acodingly to compare to the level of hysteria and the howling of the medical ind. complex, aka the MIC 2.0, and what do that lead us to, herd imunity is for me an narrative what just tells me the virus isnt that serious for the comunity at large, and the test regime confirms that, but our main problem is that the hyping of fear, makes an real debate on whats the true numbers difficould, if nor more or less, impossible.

And herd imunity, again, of course I am not against protection gear, if you have an issue with coughh, why not use something to protect others, but going from that to total lockdown of an entire nation is overkill by an massive magnitute. But I struggle with the narratives, what and how dangerous is this Virus, and thats where the entire debate should be focusing on, not the herd imunity witch is another weird narrative to cover up the fact that this, when the rate of infected is much lower than “expected”, says everything I need to know, period.

Then some coments on other people whom have this as an proffesion, and I really liked the video with the German Ernst Wolff, that one is one of the few that nails everything to the wall, sould be an trascript of it, since the level and the presision of the lecture is priceless, hats off, I couldnt agree more, an rear video and a good catch.

Then I will link my self two some intresting articles:

This is education, and a must read, FR found a rear germ, exremly relevant.

**<https://www.fort-russ.com/2020/04/from-cop-21-to-covid-19-the-collapse-of-predictive-models-and-the-return-to-actual-thinking/>**

From Swiss propaganda research, a site I didnt knew about until just some days

ago, but do read their stats and what they have cut out from the current uh... epidemic.

<https://swprs.org/a-swiss-doctor-on-covid-19/>

There are some aspects so severe that I don't want or will tread carefully into since I don't believe for a second this hyping is by accident, this is to hide something much more serious, like the interview with the German indicated, I really don't like what I think is coming, I for now just ignore that, until further proofs are coming or found, this, ladies and gentlemen is a cross road, between a path of light or darkness, and I am not joking, I don't like this at all.

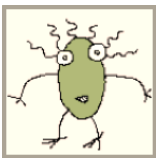
Take care, and fear is their tool, no fear is our best counter measure.

Be the light.

peace

 4 |  -3  Reply

 Apr 18, 2020 10:00 PM



### Offlands



Not the most inspiring of interviewees but valid points by Swedish epidemiologist Prof Johan Giesecke:

<https://youtu.be/zh4tGKTHBDo>

 2 |  0  Reply

 Apr 18, 2020 6:59 PM



### Jane



I think the views of Dr Malcolm Kendrick should be more widely known. Unlike the other “dissenting doctors” Dr Kendrick is a general practitioner in the NHS. He has actually seen people dying, including eight in a period of seven days in a care home he visits. Large numbers of people do seem to be dying in care homes, largely because of government policy to keep beds free in hospitals for

the general population. He says “COVID is a strange disease that kills people in a way that I have never witnessed before. In some cases, very quickly.”

Obviously there is something new here. Does he think that making the whole country stay at home is the best way of dealing with it? No. This is what he says :

“Contain, delay, research, mitigate. The UK has passed through “contain” and is now in “delay and mitigate”. Research sits in the background and may, or may not, provide a solution.

However, delay and mitigate doesn’t mean that people will not become infected and die. It just means that the NHS will not be overwhelmed by a massive wave of people getting ill at the same time. We are simply, it should be made clear, trying to control the “peak”, which now may likely be a series of “peaks”.

“At present, ministers are not admitting this. They are presenting lock-down as a way of “beating this virus.” In order to enforce lockdown, they are haranguing and scaring the population into compliance.

“Covid-19 is being presented as a deadly killer that does not discriminate. Young, old, we are all at risk of contracting this dreadful disease. Every night, the television news has story after story of young people who have been infected, and who have died. In fact, very, very few people under 20 have died so far. I believe it was five, at the end of last week.

“There is hardly anything said about the fact that the average age of death is around eighty, that the vast, vast, majority of those dying are old (92% are aged over sixty) The great majority of them have several other serious medical conditions.

“The reality is that for anyone younger than about sixty, Covid-19 is only slightly more dangerous than suffering from influenza. The infection fatality rate (IFR) currently stands at around 0.2% in those countries doing the most testing. This figure will inevitably fall, once we can identify those who were infected but had no symptoms.

“By avoiding this more reassuring message, by frightening everyone into

compliance, the Government has painted itself into a corner.”

Incidentally, Dr Kendrick usually blogs about heart disease and long ago came to the conclusion that government advice to base meals on starchy foods, avoid saturated fat and lower cholesterol, results in overweight and illness. In view of the fact that people under sixty who find themselves in an ICU due to covid-19, including the prime minister, tend to be overweight, it might be time to heed Dr Kendrick’s advice.”

👍 13 | -1 🗑️ [Reply](#)

🕒 Apr 18, 2020 4:43 PM [^](#)



**Mike Ellwood**



I first came across Malcolm Kendrick when I read his book “The Great Cholesterol Con” about 10 years ago or more, which was both instructive and entertaining. I think he may have made some small technical errors in that book, which unfortunately gave his critics some ammunition, although what they probably hated was the fact that he was basically correct, and they secretly suspected this themselves, but were afraid to admit it, since they’d been pushing a false paradigm for so long.

I liked it when he wrote in that book: “If you don’t drink [alcohol], then start. Not on your own, but with your spouse or partner.” I think he was actually joking, which probably annoyed his enemies even more.

I was less happy when he said “eat what you like and don’t worry about it”, because I think there *is* a link between diet and health, although most of the official messages on diet have been misguided for decades. And I think blood lipids *are* important, and can be affected by diet, but just not in the simplistic way that orthodox medicine has been teaching for probably 50 years or more.

He used to be part of something called “The International Network of Cholesterol Sceptics” (“THINCS”) and I used to read their website on a regular basis, but I don’t know if it still exists. Likewise, I used to read the occasional

online article by Malcom Kendrick, but I've never got into the habit of reading his blog. Perhaps I should do.

 0 |  0 [Reply](#)

 Apr 18, 2020 7:53 PM



**M Venning PhD FRCP**



Jane, you state

. “The reality is that for anyone younger than about sixty, Covid-19 is only slightly more dangerous than suffering from influenza”

. do you wish to say that to the families of the NHS hospital workers who have died?

 0 |  -4 [Reply](#)

 Apr 21, 2020 1:41 AM

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