COVID-19: What is the situation on 01/12/2021?

Laissonslespre1

Please note: If you have received this document by registered mail with acknowledgement of receipt, it will serve as legal proof that you have received documented official information on the reality of the situation generated by the COVID-19 « crisis ». As an official, or person responsible for the protection of citizens, it is your duty to question, document and intercede in order to prevent infringements on freedom and harm to citizens, for which there is no medical or scientific rational. You are invited to promote public debate with individuals who do not have conflicts of interest.

Virus

The discovery of an RNA-type coronavirus named « SARS-CoV-2 », labelled Wuhan « Alpha » strain, was announced to the world in 2019.

Virus origin: When the sequence of the genome was originally published, (https://www.ncbi.nlm.nih.gov/nuccore/MN908947.3 questions were raised as to the origins of the virus. Several Nobel Prize winners evoked the possibility that the virus came from a laboratory (through gain of function research) rather than from an animal source. This was due to sequence insertions which were statistically highly improbable. (https://www.science.org/doi/10.1126/science.abj0016) (https://www.lefigaro.fr/international/covid-19-les-laboratoires-de-wuhan-auraient-bien-manipule-des-coronavirus-20211027)

Evolution: A virus needs a host in order to reproduce. When there isn't a sufficient number of hosts to do this, the virus mutates and different 'variants' appear. These can be virulent (they mutate to survive), but they are generally progressively less pathogenic (which is the case of the current « Delta » variant). Due to its physical shape, the Delta variant has a high surface potential (the ability to attach to and penetrate the cell), and this is one of the reasons why it's predominant.

Fantini J et al. Structural dynamics of SARS-CoV-2 variants: a health monitoring strategy for anticipating Covid-19 outbreaks. J Infect. 2021 Aug:83(2):197-206 doi: 10.1016/j.jinf.2021.06.001

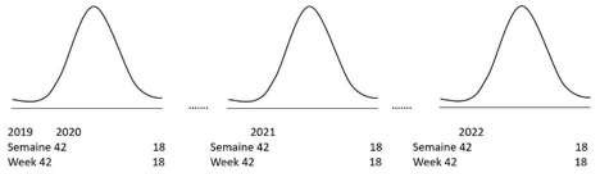
Pandemic

Since 1999, the WHO has changed the definition of pandemic several times. This was highlighted in the investigative report of the French Senate after the H1N1 « pandemic » (http://www.senat.fr/rap/r09-685-1/r09-685-111.html),. This is a very instructive report and should be read in its entirety.

Epidemic

The coronavirus SARS-CoV-2 illness is a seasonal upper respiratory tract infection. These epidemics begin on week 42 and end at the end of May. This would hence be the third season of the epidemic rather than a « 5th wave ».

It should be noted that the natural progression of a wave (bell shaped curve) was disrupted in countries which implemented lockdowns. This modified the circulation of the virus. Sweden was wise enough to avoid this.



It should be noted that France has changed the criteria to evaluate the monitoring of epidemics several times. This is highly irregular. In addition, the epidemic alert threshold has been lowered for reasons that have no scientific basis. (https://www.santepubliquefrance.fr/presse/2020/covid-19-sante-publique-france-adapte-ses-indicateurs-pour-surveiller-au-plus-pres-l-epidemie)

Furthermore, the data of the « sentinel network » (real time tracking) (https://www.sentiweb.fr/) were obscured, even though the numbers were reassuring.

Real Danger – *a posteriori* evaluation of the facts

The WHO sowed panic throughout the world when it predicted a death rate similar to that of Ebola. As of 22/11/2021, the death rate since the beginning of the epidemic is 1,66%. (https://fr.statista.com/statistiques/1101667/contaminations-guerisons-morts-coronavirus-france/).

Lethality (virus alpha, Wuhan strain)

0-9 ans	10-19	20-29	30-39	40-49	50-59	60-69	70-79	> 80	Mean age of death
0%	0,001%	<0,007%	0,02%	0,05%	0,2%	0,8%	2,2%	8,3%	84 yr

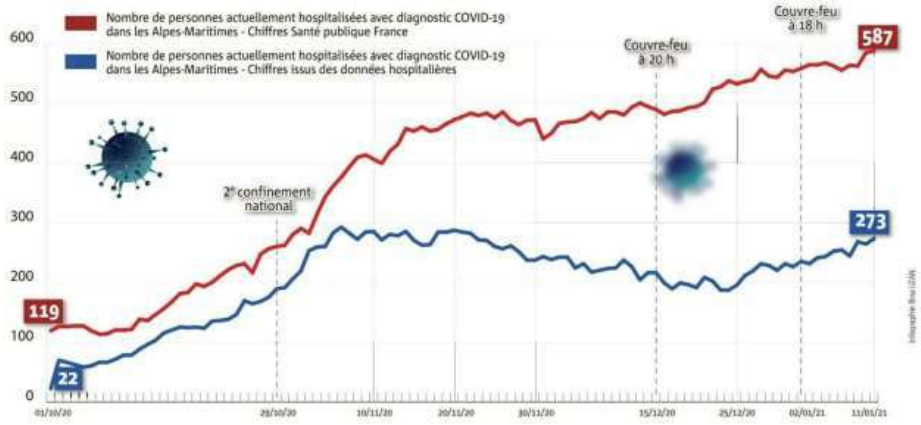
The death rate would have been lower if patients had been clinically examined and treated early on, as is the case every automn and winter. If this had been done, the numbers would have been comparable to those of the 2017 flu. As for the « Delta » variant, the death rate is even lower.

Death rate distribution according to age 10/09/2021 (https://www.data.gouv.fr/fr/datasets/donnees-hospitalieres-relatives-a-lepidemie-de-covid-19/)

0-9 ans	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	> 90
<0,01%	<0,01%	<0,1%	0,35%	1,06%	3,81%	11,3%	22,86%	38,35%	22,15%

In the case of France, the 2020 ATIH Report (Technical Agency for Information on Hospitilisation), shows that only 2% of hospitalisations and 5% of ICU occupancy was due to COVID cases. Hospitals were not saturated due to COVID, but rather due to the continued reduction in hospital beds, which has been going on for years.
(https://www.atih.sante.fr/sites/default/files/public/content/4144/aah_2020_analyse_covid.pdf).

This explains the numerous inconsistencies that have been published between the offical numbers and reality. Some publications demonstrating this point have been made inaccessible.
https://www.ouest-France.fr/sante/virus/coronavirus/covid-19-pourquoi-le-taux-d-incidence-va-baisser-ce-jeudi-soir-44826f8a-b97f-11eb-a0fd-a22b595c4b48
https://www.nicematin.com/sante/pourquoi-le-nombre-de-malades-entre-les-donnees-de-sante-publique-france-et-celles-des-hopitaux-est-si-different-notre-decryptage-630970



Obstruction of care – a first!
Normally, a patient with symptoms goes to his/her doctor and is examined. The diagnostic exam allows the doctor to identify serious types of upper respiratory infections and to treat them.
Inexplicably, patients were told to stay at home and people suffering from respitaroy distress were not examined. When they were transferred to hospital, they arrived in a critical state of health.

In a number of countries (Europe, UK and the Commonwealth, USA), general practitioners were suddenly deprived of the right to prescribe molecules that were extremely well-known and effective for treatment.

While a certain number of studies demonstrated the possible effectiveness of hydroxycholoroquine and azithromycine for early stage COVID, in March 2020, the government signed two executive orders banning the use of hydroxycholoroquine for outpatient use and restricting its use to late-stage hospitalised patients, conditions that everyone knew would lead to less effective outcomes.
https://www.legifrance.gouv.fr/jorf/id/JORFARTI000041755780 and https://www.legifrance.gouv.fr/jorf/id/JORFARTI000041759441

Some of these restrictions were subsequently justified based on fraudulent studies which were published in the Lancet (Lancetgate) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31180-6/fulltext or the Recovery Study which used toxic doses of hydroxcychloroquine https://clinicaltrials.gov/ct2/show/NCT04381936.

Extremely dangerous protocols for « care », such as the prescription of Rivotril® (clonazepam), which is formally contraindicated for patients suffering from respiratory distress, were formally recommended by the health authorities and France's Health Minister who issued an executive order to this effect!
https://www.legifrance.gouv.fr/jorf/article_jo/JORFARTI000042430805

Positive pressure ventilation, also recommended by certain learned societies, aggravated the respiratory distress of the patients, destroyed their already weakened lungs and resulted in deaths.

Diagnosis
Clnical
Infection can occur in two phases: the first is an influenza-like illness syndrome, which can be followed by an inflammatory or dysimmune phase, with or without issues of coagulation. It should be noted that the clinical features of the SARS-CoV-2 infection are close to those of SARS (SARS-CoV-1 infection). It is shocking that the countries that had experienced this first virus were not consulted by the WHO or the health authorities.

PCR Tests

After a period in which there was a shortage of diagnostic tests, the PCR nasopharyngeal swab test was imposed on populations. Technical conditions were questionnable: lack of standardisation and cycle over-amplification were responsible for a large number of false-positives, which caused panic in the population. In France, laboratories still do not indicate the number of cycles with test results. This is highly irregular.

In France, easily available and reliable rapid diagnostic orientation tests and salivary rapid tests, such as qu'Easycov®, were strangely refused approval.

It should be noted that a PCR test detects material but does not predict whether this material belongs to a living virus.

Important:

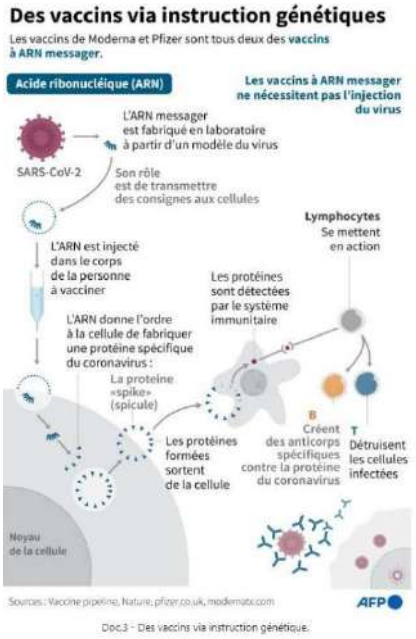
PCR tests identify the spike protein of SARS-CoV-2.

The mRNA injection which directs the body to produce the spike protein, may not work in people with weak immune systems. This is because their immune system is too weak to immunise them against the protein. This may result in a positive PCR test result without being sick with COVID.

On the other hand, these people may have symptoms due to the action of the spike protein. We know that the spike protein is responsible for the majority of serious complications of COVID. This is called the « **Spike Syndrome** ».

It is hence **a matter of urgency** to halt the diagnosis of COVID based on a PCR test which detects the sole presence of the spike protein. This is necessary to differentiate between COVID, the illness, and Spike Syndrome, which is a complication related to the mRNA injection.

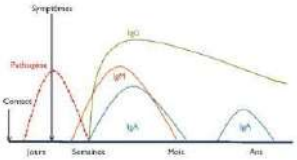
It is even more URGENT to have a clearer understanding of the clinical data, hospitalisations and deaths of people who have received mRNA injections.



Doc.3 - Des vaccins via instruction génétique.

Antibody (serology) testing

Serology, or antibody testing, is a fundamental aspect of viral infection monitoring. Every year, laboratory tests are performed on 800.000 pregnant women to ascertain immunity for the RNA Rubella virus, which can cause Congenital Rubella Syndrome. Humoral immunity which allows for the fabrication of antibodies is durable, whether it be acquired through contracting a disease or following an anti-rubella vaccination. The body remembers everything. Loss of immunity is rare and is usually caused by an immune deficiency (AIDS for example). Humoral immunity allows the body to manufacture antibodies which are specific to the spatial configuration of the virus. This is why immunity can protect against variants if the epitopes (antigen sites) have a similar configuration to the initial virus. This is called cross-immunity.



Different antibodies, called immunoglobulins (Ig) are synthesised upon the reaction of the immune defenses: First, the IgM, then the IgA and the IgG. The IgM show a recent infection and the IgG show an older infection, even one which is much older. If one has negative IgM and positive IgG, one is well immunised and protected and, in general, one is no longer contagious at this stage.

For each epitope there is a synthesis of antibodies. In the case of SARS-CoV-2, routine tests allow us to determine the anti-N antibodies and/or the anti-spike antibodies (anti-S). The most reliable serology blood test post COVID infection will dectect both types of antibody. People who receive the mRNA injections will only show anti-S antibodies, if they show immunity at all.

Several irregularities have been identified regarding antibody testing:

- There is no international standard practice concerning different techniques;
- The presence of IgM anti-N is the best proof of recent infection, but it is either not used, or it is not valid proof for a health pass (for those countries that apply), the same is true for the IgM anti-S;
- The presence of IgG is proof of immunity and should be a valid reason for vaccine exemption;
- Antibody testing is not advised prior to vaccination and is not a part of the vaccination protocol. This is highly irregular;
- Antibody testing is not advised after vaccination. This would enable us to ascertain the real effectiveness of the products, especially seeing as these products are still being evaluated;
- Available testing offered by non-specialised laboratories are primarily anti-S. Since 2020, irregular modifications to detection thresholds and to certain techniques have resulted in erroneous results between labs for the same serum;

- Spike protein mutations should result in adjustements to testing. There is no classification or information on what the tests are really showing.

Our most effective diagnostic tool is in fact defective. There is a lack of routine viral identification.

Treatment

Many patients were left without effective treatment due to the recommendations of the health authorities: « Stay at home. If you have a fever or body aches, take Doliprane® (paracetamol)». Patients got progressively worse due to lack of care; some died at home. This was a travesty in the history of clinical medicine.

In March 2020, the Prime Minister and the Health Minister issued two executive orders, and in so doing, for the first time in the history of French medicine, restricted doctors' freedom to prescribe. The restriction concerned hydroxychloroquine, a molecule which has been used for over 60 years, perfectly tolerated in light of the billions of prescriptions that have been made throughout the world, and for which there are years of pharmacovigilance data. Some doctors and scientists who had obvious conflicts of interest with the pharmaceutical industry, claimed the molecule caused cardiac complications in patients with COVID. These cardiac complications were in fact due to COVID itself.

French doctors were also forbidden by the health authorities to prescribe azithromycine and ivermectine, despite the fact that these older products, which are inexpensive and well-tolerated, were the subject of numerous scientific publications recommending their use. Indeed, many countries and federal states in the world made treatment kits available to their populations (India, Brazil, Mexico…). There are many scientific papers on these drugs. One only need click on the folllowing to find them: https://pubmed.ncbi.nlm.nih.gov/

Several French teams, including our collective, have published or have submitted for publication, studies on the early treatemant of COVID. The ability to publish has been especially difficult during this period. This should not be the case, when the rapid sharing of information and scientific debate should be, on the contrary, encouraged. Even worse, French doctors, including those of our collective, have received injunctions or threats for these publications (notably from the directors of INSERM [The National Institute of Health and Medical Research], amongst others).
For example: ref conviction of Prof Raffi by the Nantes Court 20/01/2021

It should be noted that Gilead Laboratory's drug remdesivir was used at the Bichat Hospital in Paris, without an Emergency Use Autorisation, without clinical trials, and without a temporary use autorisation. The courts should investigate this and look into the patients who died while on this drug.

Bamlanivimab, a monoclonal antibody treatment from the American Pharmaceutical Company Lilly, is also in the authorisation fast lane, while nobody is asking questions related to long term risks of monoclonal antibodies for a pathology which is essentially benign.
https://www.usinenouvelle.com/article/lily-pousse-la-production-du-traitement-anti-covid-bamlanivimab-a-fegersheim.N1066194
https://www.sante.fr/coronavirus-covid-19-les-traitements-par-anticorps-monoclonaux

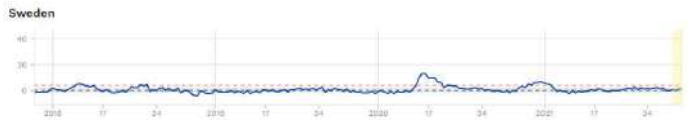
Prevention

The recommendations of specialists from the COREB (Operational Coordination of Epidemiological and Biological Risk - https://www.coreb.infectiologie.com/), published on 22/01/2020 for the emegency services and frontline medical professionals were ignored by the government.
Another basic preventative measure was to ensure high levels of vitamin D in the population, which would enable the proper functioning of the immune system. A doctor from the Collective wrote to President Macron on the 13/03/2020 asking that this simple measure be put in place for the French people. The advice in this registered letter was not heeded. The same thing occured with the French *Académie de Médecine* https://www.academie-medecine.fr/communique-de-lacademie-nationale-de-medecine-vitamine-d-et-covid-19/ when numerous scientific papers on the subject were published. At the same time, a number of so-called preventative measures were put in place by governments, with little scientific backing, such as the mask mandate for asymptomatic people. It should be noted that this contradicts the conclusions reached by the health authorities following the H1N1 infection (https://pubmed.ncbi.nlm.nih.gov/20092668/)..

It is important to stress that SARS-CoV-2 is essentially transmitted through hand-to-hand contact. It is hence scientifically logical that the sick, and not the healthy, should be isolated, and that patients and doctors who treat them must wash their hand +/- wear a mask, as they always have when dealing with upper respiratory tract infections and gastroenteritis.

Immunity

Natural immunity is the most reliable and durable protection against any given variant. Once immunity is acquired, this can lead to cross-immunity (cf supra). This was the choice of the sensible Swedish authorities.



Source

https://www.euromomo.eu/graphs-and-maps

24/11/2021

The goal of achieving vaccine-induced immunity is shared by the majority of western countries, even if they do not always agree on the subject. Like all medications, the development of vaccines takes time when it is done properly and should normally take about ten years. Pressure from the stock market on pharmaceutical companies is now so high that the development of health products is rushed to the detriment of product quality and people's safety. The products which are called anti-COVID vaccines are not an exception to this new rule, despite the fact that the use of brand new technology (including mRNA) should give rise to extreme prudence and rigorous testing.

Products received Emergency Use Autorisation (the existence of effective early treatment was negated in order to do so). This emergency use autorisation should not have been granted in view of the problems and major shortcomings exposed in the documentation on pre-clinical research, clinical research, and production (these include issues relating to exact composition, batch replication and product stability). This information was discovered further to leaks (emails from pharmaceutical evaluation bodies of the European Commission - https://www.lebigdata.fr/vaccin-pfizer-covid-donnees-hackers).

For example, no long term safety studies on carcinogenicity or genotoxicity have been done by Pfizer (source: Cominarty® insert https://www.fda.gov/media/151707/download) and the preclinical trials in animals were incomplete and were cause for concern. These results should have blocked the move to experiment on humans. Additional preoccupying animal data was published (ex: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8436386/), the conclusions of which are similar to the German doctors and pathologists who performed autopsies on deceased individuals post-vaccination. Professors Arne Burkhardt and Walter Lang of Reuitlingen have confirmed the results of Professor Peter Schirmacher of the University of Heidelberg, showing, in particular, the abnormal accumulation of lymphocytes in many organs and, in certain cases, the presence of inexplicable foreign bodies.
https://odysee.com/@fr:0/PK-Tod-durch-Impfung-french-Teil-1:f - https://odysee.com/@fr:0/PK-Tod-durch-Impfung-french-Teil-2:c
https://odysee.com/@en:a5/PK_Tot-durch-Impfung_english:a
https://www.epochtimes.de/wissen/forschung/lymphozyten-amok-pathologen-untersuchen-todesfaelle-nach-corona-impfung-a3608596.html

The mechanisms of ADE, or antibody dependent enhancement, have not been examined. This should not be the case. These mechanisms are responsible for a large number of post vaccinal adverse effects and should be taken into account.

Irregular Recording Procedures

Pharmacovigilance data, which gathers adverse event information, is an essential step following the approval of an Emergency Use Authorisation or full authorisation. This is because adverse effects of a product may appear decades later.

The number of adverse events and deaths recorded in the pharmacovigilance data bases should have put an end to the Emergency Use Autorisation in the days following their conferral.

Vaccin contre...	Nombre d'effets indésirables enregistrés dans la base de l'OMS (dans le monde)	Durée
Oreillons	711	50 ans
Rougeole	5827	54 ans
Tétanos	15 085	54 ans
Rotavirus	68 327	22 ans
Poliomyélite	121 988	54 ans
Pneumocoque	234 783	42 ans
Grippe	272 202	54 ans
Covid-19	2 457 386	11 mois

Données OMS sur Vigiaccess.org début novembre 2021 : les vaccins Covid-19, un record planétaire sur les effets indésirables

The Food and Drug Administration website has published the following regarding the Cominarty® (Pfizer), which also appears in the package insert: « Postmarketing data demonstrate increased risks of myocarditis and pericarditis, particularly within 7 days following the second dose. The observed risk is higher in males under 40 years of age than among females and older males. The observed risk is highest in males 12 through 17 years of age. »
https://www.fda.gov/media/151707/download

The pharmacovigilance situation is catastrophic. It has given rise to the withdrawal of products in countries such as Norway, Sweden, Denmark, Finland in Europe. Other countries, such as Japan and Singapour have followed suit– all countries in which powerful lobbies have less influence. Questions need to be asked as to why vaccine makers enjoy zero liability in case of serious adverse events and why it is the State (and therefore the taxpayer) who is responsible for indemnifying injury. If we add to this the difficulties encountered by citizens and doctors in accessing the

pharmacovigilance websites and the dismissal of declared side effects as unrelated to the vaccine, the situation is extremely worrying.

As can be seen on the clinicaltrials website https://clinicaltrials.gov/ , the majority of the products have not completed the required clinical trials for autorisation in many categories (age, pregnancy, comorbidities, …). Several of these trials will continue until 2024.

The purchase of these products by States, and in particular the European Union, is very concerning in view of our knowledge of the science regarding these products, the available product documentation, and the pharmacovigilance data. It is now up to the courts to do their work.

In France the courts must also question the non-respect of the SCP (Summary of Product Characteristics) and its contraindications, some of which were not contraindicated but rather recommended by the Health Minister. This puts people's lives in danger. These are people who feel obligated to get France's « health » pass.

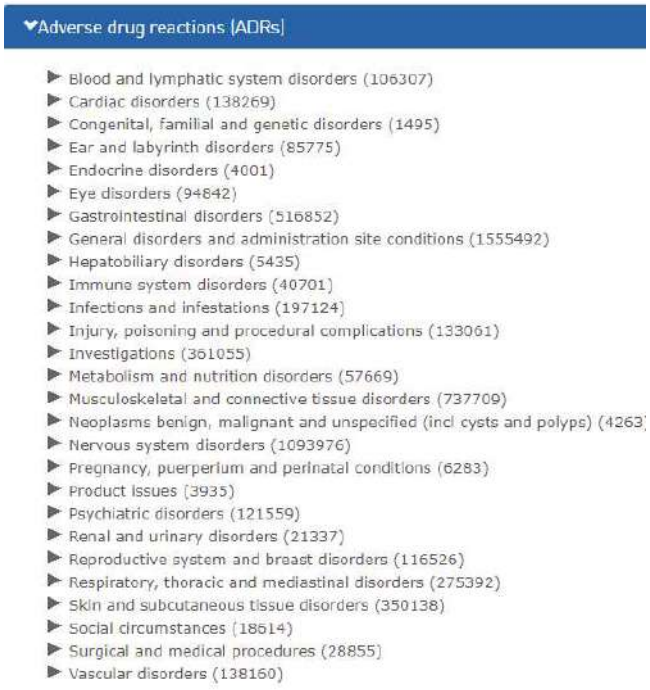
The collective LLMP (Laissons les Médecins Prescrire) or Let Doctors Prescribe, includes doctors from a number of different countries and is in contact with major collectives worldwide which bring together doctors and scientists who have no conflicts of interest. All have made the same observations, even if the publich health systems are very different from each other.

Pharmacovigilance

To forge your own opinion, consult the pharmacovigilance data base directly and on a regular basis. It is URGENT.

Please note: The principal of vaccination is to allow a healthy person to be immunised against an infectious agent.
Pre-requisite **-** Because the subject is **healthy**, one must not expose the subject to disproportionate risk in relation to the risks of the pathology. **This is why evaluation of the benefit/risk balance is important+++**

World: Vigiaccess data base http://www.vigiaccess.org/ word search « covid-19 vaccine »
au 20/11/2021: **2 586 558** adverse side effects declared



USA : VAERS data base
https://vaers.hhs.gov/data.html https://wonder.cdc.gov/vaers.html
https://openvaers.com/covid-data

European Union: Eudravigilance data base https://www.adrreports.eu/fr/
User's Guide: https://www.adrreports.eu/docs/Web%20report%20user%20guide%20FR.pdf

20/11/2021	Declared cases	Deaths	% deaths/declared cases
Pfizer-BioNTech	574 427	14 526	2,53%
Oxford/AstraZeneca	410 479	6 145	1,50%
Moderna	158 401	8 518	5,38%
Janssen	37 814	1 825	4,83%
Total	**1 181 121**	**31 014**	**5,63%**

Warning on the emergence of side effects since the implementation of injections in children

Ref EudraVigilance Cominarty® (Pfizer)

Reaction Groups\Age Group	Number of individual cases								Total
	Not Specified	0-1 Month	2 Months - 2 Years	3-11 Years	12-17 Years	18-64 Years	65-85 Years	More than 85 Years	
Blood and lymphatic system disorders	1,853	11	10	4	588	30,519	2,455	386	35,826
Cardiac disorders	2,143	4	4	7	1,388	28,590	6,312	1,782	40,230
Congenital, familial and genetic disorders	89	5	5	0	9	208	52	8	376
Ear and labyrinth disorders	956	1	1	1	218	13,891	2,674	253	17,995
Endocrine disorders	93	1	0	0	9	947	150	17	1,217
Eye disorders	1,203	5	5	2	431	15,145	3,216	436	20,443
Gastrointestinal disorders	5,296	33	99	21	2,323	87,194	13,146	2,546	110,658
General disorders and administration site conditions	18,386	85	169	64	5,410	262,353	41,369	9,614	337,450
Hepatobiliery disorders	71	0	0	0	30	861	433	107	1,502
Immune system disorders	946	2	6	1	343	11,120	1,795	315	14,528
Infections and infestations	5,277	9	32	6	880	33,279	10,484	3,141	53,108
Injury, poisoning and procedural complications	2,301	42	201	53	298	13,206	3,418	703	20,222
Investigations	2,048	10	15	2	806	22,580	5,967	1,639	33,067
Metabolism and nutrition disorders	518	8	29	2	189	5,567	2,068	722	9,103
Musculoskeletal and connective tissue disorders	8,263	36	26	14	1,872	134,326	18,335	2,013	164,885
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	181	0	0	0	15	540	347	80	1,163
Nervous system disorders	11,933	59	81	29	4,420	177,631	26,268	4,611	225,032
Pregnancy, puerperium and perinatal conditions	280	15	3	0	1	1,545	6	1	1,851
Product issues	29	0	0	0	6	138	25	8	206
Psychiatric disorders	1,650	9	42	3	334	17,675	3,509	1,003	24,225
Renal and urinary disorders	334	1	0	2	100	2,700	1,155	375	4,667
Reproductive system and breast disorders	3,264	3	7	3	1,240	38,913	472	47	43,949
Respiratory, thoracic and mediastinal disorders	3,002	19	35	12	1,227	40,954	9,287	2,477	57,013
Skin and subcutaneous tissue disorders	3,375	20	35	16	1,361	46,438	9,491	1,678	62,414
Social circumstances	226	0	0	1	54	2,031	371	82	2,765
Surgical and medical procedures	609	3	3	1	26	2,844	1,160	151	4,797
Vascular disorders	1,831	8	7	5	535	22,790	7,698	1,804	34,678
Total	**34,178**	**173**	**344**	**117**	**11,324**	**427,925**	**81,479**	**18,887**	**574,427**

More and more countries have discontinued the use of the Janssen, AstraZeneca and Moderna products. Taiwan has just announced the discontinuation of Cominarty® (Pfizer) in children due to cardiovascular risks.
https://www.cardiovascularbusiness.com/topics/covid-19/taiwan-pauses-second-doses-pfizer-biontech-covid-19-vaccine-older-children-due

Magnetic properties: Many doctors (including University Research Hospitals) have observed the attraction of metals in injection zones in certain subjects. This has also been observed by judicial officers. Many renowned biologists believe that this can be explained by the presence of graphene. https://pubmed.ncbi.nlm.nih.gov/34696237/

Fear mongering and conflicts of interest

The context in which the « COVID crisis » played out was one of a state of shock, which was maintained throughout by a communication campaign based on fear and manipulation.

And this continues with the « Omicron » variant, which according to Professor Fantini, could be more benign than the « Delta » (cf epitope sites). https://www.youtube.com/watch?v=wBm1BKL4zlg

As for the doctors, most of those who appear in the media have failed to declare their conflicts of interest, as they are bound to do by law. Furthermore, the media has failed to remind them of this obligation. As it stands, the Order of Doctors (Conseil de l'Ordre des médecins) has yet to condemn any neglectful conduct in the respect. This is also the case for the Scientific Council (Conseil scientifique). The information regarding funds perceived by doctors can be viewed at https://www.transparence.sante.gouv.fr/flow/rechercheBeneficiaires?execution=e2s1

And yet another example of conflict of interest: https://www.nexus.fr/actualite/conflit-dinterets/blachier-conflit-dinterets-toussaint/

The same can be said for the media, which is financed by private sector companies and organisations, such as the Bill & Melinda Gates Foundation, whose relationship with GAVI (The Global Alliance for Vaccines and Immunisation) and the WHO is equally problematic (https://www.gavi.org/). The Foundation was even the number one contributor to the WHO during the USA withdrawal.

At the end of 2020, Eurofordocs reported that (https://www.eurosfordocs.fr/dashboard/structure_beneficiaire) 417 332 939€ was transferred to the press and media by the pharmaceutical industry.

Conflicts of interest have appeared within the health system itself due to the modification of billing procedures for clinical or biological procedures. This has turned COVID into an opportunity for certain professionals and health structures, both private and public. As a reminder, a doctor's visit has been frozen at 25 euros for years, as it as for many other health professionals.

Countries have deliberately published inaccurate numbers and erroneous information. Many countries have diffused fake images using models and actors, which paint a false picture of reality when « fact checked ».
https://www.arcinfo.ch/coronavirus/des-mannequins-poses-dans-des-lits-lors-de-la-visite-d-alain-berset-a-neuchatel-font-reagir-les-lecteurs-1020480
https://www.dailyadvent.com/fr/news/6be89448c838d0e6fed1b938ff047007
https://www.20minutes.fr/societe/3019435-20210412-coronavirus-oui-differentes-chaines-bien-diffuse-erreur-images-hopital-hors-contexte ...

Constantly changing contradictory measures have led to a collective psychosis which has had terrible repercussions. Eg. masks/no masks - lockdown/no lockdown - curfew 8pm/curfew 11pm...
Extremely costly publicity campaigns have kept people in a permanent post-traumatic state of anxiety and disorientation. This has led to, amongst other things, an explosion in teenage suicides (+299% from November-December 2020) (https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784787).

Censorship has become the norm and has led to the silencing of the most renowned scientists in the world. Countries have financed « fake news » and « fact checking » organisms to discredit real information and label those expressing a different opinion as 'conspiracty theorists'. In normal times, this would simply be called a healthy debate.
Likewise, the administrators of Wikipedia® have distorted biographies of many doctors and scientists who have spoken out, and labelled them as conspiracy theorists.

The censorship of doctors was carefully orchestrated by the Order of Doctors (Conseil de l'Ordre des médecins). Tens of doctors were convened by the Order and told they would lose their licence if they continued. This led to the self-censorship of tens of thousands of others.

Disinformation continues to be propogated regarding the percentage of vaccinated people currently hospitalised. However, the United Kingdom is more transparent in publishing the data which shows the vaccine status of patients. This data should be carefully monitored as it corresponds to information given by whistleblowers in several different countries (Israel, Belgium, Gibraltar…).

In addition, some of the mainstream media are now starting to relay information which could spark open debate, such as
https://www.bbc.com/news/uk-scotland-59347464
https://www.watson.ch/fr/international/covid-19/835862649-bild-s-excuse-pour-la-couverture-mediatique-anxiogene-du-covid

The management of the « COVID crisis » raises many questions. People should be aware that a major conference named « Event 201 » took place on 18 October 2019. This event was designed to simulate global responses to a pandemic of a new coronavirus originating in China. The event was organised by the Johns Hopkins Center for Health Security, partners of the World Economic Forum and the Bill & Melinda Gates Foundation. Videos of the event are available here: https://www.centerforhealthsecurity.org/event201/videos.html

Restrictive illegal measures taken in the name of health

The information we possess today on the lethality of the virus shows that the « crisis » is over. The implementation of restrictive measures based on a total lack of medical rationale is clearly not acceptable. On average 1700 people die every day in France. This is « normal ». If we had distinguished between a death from COVID and a death with COVID, as many countries did, we would know that COVID was responsible for a very small number of these deaths, especially as this illness was acquired in a hospital setting by a number of patients in 2020.

The vaccine mandates and the inappropriately named « health passports » are infringements upon people's freedom and create a societal divide between «the unvaccinated » and « the vaccinated ». The result is in an apartheid-like situation.

The measures taken by certain countries, including France, have caused, and will continue to cause, major damage in many spheres, including the medical sphere (delayed diagnoses,…), mental health (suicides, depression,…), family relationships, the economy, and society as a whole. https://tv-programme.com/paris-premiere/replay/serge-hefez-psychanalyste-psychiatre-ces-derniers-mois-il-y-a-eu-1-million-de-plus-de-tranquillisants-qui-ont-ete-consommes-en-france_5fa212ca0da73

Whilst maintaining the facade of a « sanitary emergency », the government removed 5700 hospital beds. The reasons evoked by the Health Minister are rubbish. https://www.lemonde.fr/societe/article/2021/10/27/difficultes-a-recruter-absenteisme-et-demissions-a-l-origine-de-la-fermeture-des-lits-dans-les-hopitaux-selon-olivier-veran_6100123_3224.html
Investment in a country's health system consists of providing a budget for the system to function smoothly rather than spending inordinate amounts of money financing an industry with questionable drug autorisation practices.
https://www.20minutes.fr/sante/2766999-20200424-coronavirus-sanofi-dope-chiffre-affaires-notamment-explosion-ventes-doliprane

It is worthy to note that the annual turnover of Pfizer in 2020 accounted for 41.9 billion US dollars, of which 15 billion can be attributed to sales of the Cominarty® vaccine. Sanofi made 36.04 billion euros, with a turnover for Sanofi France of close to 9 billion euros, which increased due to the explosion of sales of the drug Doliprane®.
https://www.20minutes.fr/sante/2766999-20200424-coronavirus-sanofi-dope-chiffre-affaires-notamment-explosion-ventes-doliprane

It is imperative that the courts look into the stock market transactions of certain policy makers in 2020-2021. They should also investigate patents for coronaviruses with gain of function and other COVID technologies since 2002.
(https://rumble.com/vk4m6u-dr.-fuellmichdr.-martin-les-brevets-autour-du-covid.html).

Nevertheless, it will take genius lawyers to overcome the legal obstructions deliberately put in place to shield those responsible for this disaster, the diplomatic status of Madame Buzyn is one such examples. https://www.gouvernement.fr/conseil-des-ministres/2020-09-03/approbation-de-l-accord-entre-la-france-et-l-organisation-mo

People must get informed and look at reliable sources. They must demand debate and call for investigations into the institutions that are supposed to represent them. They must file legitimate complaints, country by country. Citizens of the European Union must come together and take action at all levels.
https://ec.europa.eu/health/sites/default/files/vaccination/docs/2019-2022_roadmap_en.pdf
Citizens of the world must refuse to submit to the *diktats* of the OMS, which is controlled by private interests, and work towards the creation of an independent body.