

The author's central message is that Vitamin D3, acting with vitamin A and zinc, is essential for natural immune defence against threats from infections and cancers, yet global D-deficiency is rife. A uniquely flexible sterol, D3 is formed by solar radiation on the skin, and through its metabolites it controls 3% of our genome, and not just calcium absorption. It is central to the miracle of human life on Earth. *Big Pharma* knows this, but needs patentable drugs and vaccines, and weakened immunity. The authors are two retired doctors, who from the start questioned the scripted story-line of SARS-CoV-2 virus and Covid-19. They realized that viruses exploit seasonal defects in natural immunity, as well as blocking out of sunlight by impacts and eruptions. 12,900 years ago melting of the North American Ice Sheet after a meteorite impact raised sea levels by 100 metres and so almost wiped out humanity. This time the impact is *virtual* and driven by psychopathic greed of the 1% in a Brave New World of Big Money, Big Brother, Big Pharma, and the WEF-promised **Great Reset**. The overwhelming evidence for SARS-CoV-2 virus being a Pentagon-funded bioweapon chimera, formed the 2022 submission with Prof Joseph Tritto to the International Criminal Court, citing at least nine individuals responsible for this primary *Crime Against Humanity* from which others have flowed. Such action is needed to restore the concept of personal responsibility in science. In his four chapters, **David Grimes** analyzes the deliberate mismanagement of Covid-19; the evidence for deliberate denial of natural immunity; and the hubris and nemesis of criminal, mandatory untested nucleic acid pseudo-vaccines to harm and kill especially the D-deficient. Finally, some important suggestions are made for our species' survival, because otherwise *Big Pharma* and Bill Gates will just carry on as promised.

Prof David Coussmaker Anderson
with Dr David Stuart Grimes

Prof David Coussmaker Anderson
with Dr David Stuart Grimes

VITAMIN D3 AND THE GREAT BIOLOGY RESET

*A journey from global D-deficiency and Lab-leaked viruses,
to Nuclear Vaccines from the Gates of Hell*

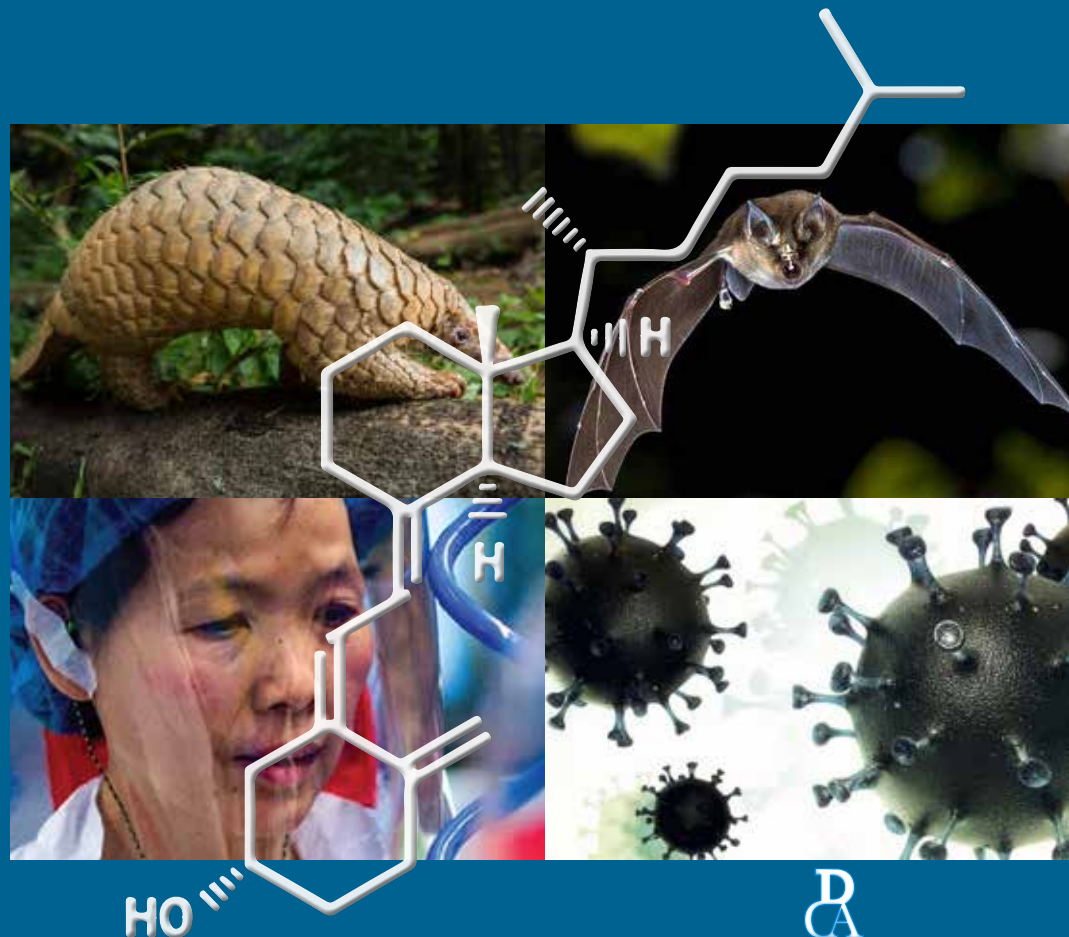


David Coussmaker Anderson, an 'ideas man', clinician and research endocrinologist, was Professor of Medicine in Manchester and Hong Kong, and has a lifelong interest in the 'sunshine vitamin'. Early in 2020 he realized the Covid-19 pandemic was compounded by D3 deficiency. He argues that Medicine has been taken over by *Big Pharma* and that the patented synthetic virus and pseudo-vaccines are bioweapons financed by illegal 'Gain of Function' Research. He calls for a **Great Biology Reset** to restore Vitamin D and Natural Immunity centre stage, thereby sounding the death knell for a criminal *Big Pharma*, which depends on exploiting D-deficiency in order to make money.

David Stuart Grimes, a British gastro-enterologist, first studied D-deficiency in the Asian population of North West England, and has an important blogsite on Vitamin D. His 2020 book with David Anderson explored the central role of its deficiency in Covid-19. His four chapters in the present one also put under the microscope the money-driven mismanagement of the pandemic, with suppression of truth and obvious simple solutions. He then examines the hubris and nemesis of the pseudo-vaccine roll-out, and a global conspiracy to conceal vaccine deaths and damage, which are greatly worsened by weakened natural immunity.



VITAMIN D3 AND THE GREAT BIOLOGY RESET



€ 35,00



DEDICATION

This book is dedicated to the Memory of 16 year old Giulia Lucenti of Modena, Italy (died Sept 8 2021) and to all other innocent young victims of Covid-19 and Nuclear Vaccine *Crimes Against Humanity*

David C Anderson and David S Grimes
April 2023



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Prof David Coussmaker Anderson
with Dr David S Grimes

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FOREWORD

by Chris Williams B.Sc.

Chairman, The Natural Immunity Foundation

The COVID19 disaster did have one very important positive outcome. It brought me together with like-minded critical thinkers, including the authors of this book, and Professors Giuseppe (Joseph) Tritto and Parag Singhal. We were united by our collective convictions, based on decades of honest medical scientific research, of the pivotal importance that natural immunity and Vitamin D could and should have played, in ending it. And even as I write this Foreword in early 2023, the official neglect of this unique sterol calls for an explanation. Why is there near complete suppression of its critical importance to health by those in power, who appear oblivious of human biology other than its exploitation by the pharmaceutical industry to make more money for themselves and their shareholders. The reader of this book will gain unique insight into its origins and how its molecular flexibility and metabolism gives it peculiar importance and puts us at grave risk in the event of deficiency.

My own growing knowledge of ‘health’ began some 24 years ago when at the age of 55, and arising from a routine health check, I was diagnosed with ‘inoperable’ prostate cancer. So I set about investigating the hormone treatment that I was recommended and thence began my own investigative journey into ‘alternative’ cancer treatments. I found one (and there are many) which appeared especially promising. To my great fortune, ‘it worked for me’. From there began my exploration into other key areas of health and my adoption of a new and health-promot-

ing lifestyle. And so to Covid-19. During the Spring of 2020, I read a British Medical Journal (BMJ) ‘Rapid Response’ letter by Dr Attila R Garami (M.D., Ph.D) published in response to the earlier BMJ article. Dr Garami’s logical analysis of the natural immune response in the respiratory disease context and the role of ACE2, led him to conclude, and to convince me, that Vitamin D was a likely ‘magic bullet’. It would boost natural immune resistance to the SARS-CoV-2 virus and so prevent many hospitalisations and deaths. He also noted the ‘pandemic’ nature of Vitamin D deficiency in the Northern hemisphere – especially during Autumn and Winter when endogenous production of Vitamin D is very low.

Back in 2016 the European Commission had published a detailed report entitled *Vitamin D Deficiency in Europe; a Pandemic*. Also in 2016, another major report that concluded similarly, entitled *Vitamin D and Health*, was produced by the UK Government’s Scientific Advisory Committee on Nutrition. So one might have reasonably expected some ensuing public health initiatives aimed at reducing if not eliminating seasonal Vitamin D deficiency. But there were none. Yet, annually, Vitamin D deficiency results in widespread work absences and loss of productivity through colds and ‘flu (and, of course, a boost in profits for the pharmaceutical industry).

During the late-1930s/early-1940s there had been concerted public health campaigns in the USA, UK and many European countries to make their populations aware of the then recently discovered critical importance of Vitamin D for bone health and prevention of rickets. The result was widespread supplementation with Vitamin D₃-rich cod liver oil. Since that time, however, there have been no further related public health initiatives. Yet since 1940, and particularly in the past 40 years, the importance of Vitamin D to overall health and, in particular, to the immune system and resistance to respiratory pathogens has been very firmly established. Dr Garami’s letter had set me off researching ‘the literature’ on all I could find relating to Vitamin D and natural

immunity. And what a treasure trove of research papers awaited me. This included the book '*VITAMIN D DEFICIENCY AND COVID-19 - Its central role in the world pandemic*' by Drs Anderson and Grimes, published in mid-2020. This very readable, to the point, and well referenced short paperback of 135 pages was freely and widely distributed to many politicians, government ministers and health regulators, but with no response. However through this book I came to know the authors, and thence their colleagues Profs Joseph Tritto and Parag Singhal.

Following on from the deafening official silence, my new colleagues and I produced several follow-up emails, letters and, in particular, a punchy, well referenced report, deliberately designed for 'readability' by politicians and medical bureaucrats, with written endorsements from several medical associations representing thousands of medical practitioners. In the UK, these documents were personally addressed and variously sent to Dr Chris Whitty (UK Chief Medical Officer) and Sir Patrick Vallance (UK Chief Scientific Advisor), the then Prime Minister, Boris Johnson, and his Health Minister, Matt Hancock.

Yet, again there was no UK government follow-up or action. Indeed, in Western democracies as a whole, notwithstanding the almost daily government 'propagandising' of the supposed virulence of the SARS-CoV-2 virus, there was not a murmur of boosting natural immunity by eliminating Vitamin D deficiency (save from the health authorities in the Andalusian Region of Spain!). There was no advice to supplement with Vitamin D (4,000 Units or 100mcg daily) to achieve a blood level above 50 ng/ml (125 nmol/L), to enable a robust natural resistance to infections of all kinds. A particular example of such research, is a 2014 paper from Harvard Medical School and the Massachusetts General Hospital. This involved some 770 patients over the preceding 3 years, and the researchers concluded that with a pre-surgery circulating Vitamin D level of greater than 55ng/ml there was near-zero risk of contracting a hospital acquired in-

fection, serious examples of which include methicillin-resistant *Staphylococcus aureus* (MRSA), sepsis and pneumonia.

That governments were (and still are) ignoring this immune system booster while allowing populations to be assaulted by a lab-engineered coronavirus, suggested that something is very seriously amiss in the corridors of power. Clearly Governments were not acting in the best interests of the people. First, there was the COVID 'treatment' protocol prescribed by the health bureaucracies of most developed world economies: *'We await a vaccine; meanwhile, if you feel unwell and show symptoms of COVID stay at home. If when you feel really unwell go to A&E - or ER as it is known in the USA - and if you are found to be really ill we will admit you to hospital'*. Never before in the history of disease management had politicians and health bureaucrats prescribed the response; and never before had the protocol been *'do nothing until you are really ill'*.

Even professional medical associations aggressively discouraged physicians, from attempting any outpatient treatment – yet highly experienced doctors in several countries had, early in 2020, developed highly effective treatment protocols using existing, proven, safe drugs. These include, alone or in appropriate combination: Vitamin D, and its reservoir form, *calcifediol* (pioneered in the Andalucía Region of Spain); *hydroxychloroquine and zinc* (pioneered in France and New York, and then widely used in several US States); and, more recently, and very effective during all stages of COVID, the drug *Ivermectin*. Hydroxychloroquine and ivermectin are also widely used in poorer regions of the world against a variety of diseases, and have been for 30+ years. Moreover, they have long been off-patent and are consequently very inexpensive. In India's most populous state of Uttar Pradesh (pop. ~ 230 million), Ivermectin is credited with eliminating COVID.

In October 2020 the World Health Organisation (WHO) perversely removed the role of the natural human immune system from its definition of 'Herd Immunity' which was only to

be gained through vaccination. Presumably after strong ‘push-back’, just two months later, the earlier definition was grudgingly restored and natural immunity reinstated. With the benefit of hindsight, one could have foreseen this clumsy attempt to ‘replace’ the natural immune system by total reliance on vaccines. In 2020, Mr Bill Gates, one of the mega-wealthiest among the global rich became the second largest funder of the WHO, a status that gives him considerable influence over its policy and *modus operandi*. Furthermore, in 2010 he had declared that the following decade was to become *‘the decade of the vaccine’*; and he is on record as stating that his investments in ‘vaccines’ have yielded a 20:1 return; i.e. a \$2 Billion investment yields a return of \$20 Billion...!

When the (so called) vaccines emerged at the end of 2020, because of their minimal safety and efficacy testing, they could be fielded only by the granting of ‘Emergency Use Authorization’ (EUA). Such status may only be granted to a new inadequately tested product if there are no other effective and safe treatment options available. In spite of all the evidence to the contrary, that was and still is the contrived official trans-national and WHO position. Clearly, if one connects the aforementioned ‘Dots’ one has to conclude that humanity at large has been subjected to, at best, an international, criminal fraudulent financial conspiracy of vaccine mis-selling and mis-information by almost all governments. Further, right at its heart must be (some) senior members of virtually all Western governments and their health bureaucracies, many international NGOs including the World Health Organisation and the World Economic Forum, and, of course, their accomplices in the systemically corrupt pharmaceutical industry.

In this book Davids Anderson and Grimes’ forensic analysis of the many other ‘coincidences’ points to a much worse crime than mere illegal financial gain. Rather, a deliberate ‘*Crime Against Humanity*’ at large using a lab-engineered virus; a PCR test designed to yield some 90% of ‘false positives’, thereby giv-

ing the illusion of a ‘pandemic’, and so justifying the world-wide, coerced mass “vaccination” of billions of adults and children. The COVID “vaccines” have resulted in more deaths and acute life-changing injuries than all other vaccines combined. And through the use of artificial mRNA or adenoviruses, the “vaccines”, and so called ‘boosters’, have turned the bodies of those subjected to them into ‘factories’ for a highly toxic, non-human ‘spike protein’, for an indeterminate period of time with, as yet, unknown long-term adverse consequences. This is surely a book to be read, marked and inwardly digested by all who care for the future of our planet and the generations to come.

PREFACE

by David C Anderson

I decided to become a doctor after having acute appendicitis, and an appendicectomy carried out by my uncle Alan Hunt, an eminent London surgeon, when I was just under 5 years old. I never wavered, as I went through education at Rugby School, then Medical School at St Andrews University and Dundee, finally qualifying there with commendation in 1963. I met my future wife Jennifer Calderwood at Medical School, and followed a career as clinician, endocrinologist, researcher and teacher, in Dundee, London, California, Manchester, and finally Hong Kong. I first became interested in Vitamin D₃ and its role in rickets and renal disease in Dundee. Later in Manchester I was involved in early laboratory work on the interaction between glucocorticoids and maintenance of the Vitamin D receptor in bone. One other important area of my research in Manchester was into the aetiology of Paget's Disease of bone, by canine distemper virus, which was doubtless facilitated by Vitamin D-deficiency. Our work on treatment was later used by Ciba-Geigy to license pamidronate for successful intravenous treatment of this chronic focal disease of bone.

I was made Professor of Endocrinology in 1986, and then in 1991 moved to Hong Kong to become Professor of Medicine at The Chinese University. Later, after a difficult three years I moved into private practice in Hong Kong, while continuing to make a wide-ranging medical teaching film series *Medivision*. In 1995, after leaving the Chinese University, I was appointed Honorary Visiting Professor of Medicine and Clinical Endocrinology at the

University of Manchester, and continued with *Medivision* films which gave me an interesting insight into much more than just endocrinology. Since 2008 I have lived in retirement with my wife Jenny, and now during Covid also with other family members in Umbria, Italy. In 2018 I wrote an autobiography '**Where Angels Fear to Tread... my life in Medicine and minding other people's business**', in which I describe my wide interests both within and outside Medicine. This includes accounts of my role in the exoneration of Amanda Knox and Raffaele Sollecito over the 2007 murder of Meredith Kercher, my fight against WHO negligence by the Rabies Prevention Committee responsible for dog bite guidelines, and my interest in Hongshan jade.

At the start of the Covid-19 disaster, I realised that something was seriously wrong with the official storyline that treats a virus in isolation, while blindly ignoring the obvious global pandemic of human Vitamin D deficiency, and consequent weak innate immunity, and the biology behind the ACE-2 receptor. The realisation came to me suddenly during twilight sleep, and on March 22nd 2020 I put a film onto Youtube '**An Endocrinologists Advice: Wise up on Vitamin D - Coronavirus may know more about it than you do!**' (https://www.youtube.com/watch?v=ga0QCAu_bic). I soon saw that Covid-19 deaths of UK doctors were mainly in ones of Asian and African extraction. I linked up with Dr David Grimes and Prof Parag Singhal, to get high doses of Vitamin D3, available across the pharmacy counter in Italy, out to UK BAPIO members. With this experience, and a friend and rabies contact, Dr Omesh Bharti, a year later I successfully linked up over Vitamin D3 supplementation with Prof Jugal Kishore, of Safdarjung Hospital in New Delhi.

Meanwhile, in mid-2020, with fellow D-activist Dr David Grimes I had written a book '**Vitamin D Deficiency and Covid-19 - its central role in the global pandemic**'. This was promptly suppressed on Amazon and social media. The Italian translation has since been distributed by us free of charge in Italy.

In late 2020 I then linked up with fellow medical scientist and author, and now friend Prof Joseph (Giuseppe) Tritto. Together with our Italian lawyer Barbara Benazzi last June we submitted the case to the International Criminal Court for **Crimes Against Humanity** by nine individuals, from five countries, for individual and collective ‘Gain of Function’ Research to create the synthetic bioweapon designated SARS-CoV-2. The consequent man-made Covid-19 pandemic has since been facilitated by a further conspiracy of Orwellian lies, psychopathic censorship, corruption and conflicts of political, medical and scientific interest. In a surreal ‘Great Reset’, driven by the fascist global financial elite of Klaus Schwab and the so-called ‘**World Economic Forum**’, we have seen hundreds of billions of dollars made illegally from ‘vaccinations’ with untried experimental RNA ‘vaccines’ and further genocidal Crimes Against Humanity. I argue in this book that we are facing World War D3, and that humanity’s survival depends on universal Vitamin D repletion with the abolition of Big Pharma, and a ‘Great Biology Reset’.

Umbria, Italy, April 2023

Professor David Coussmaker Anderson
MD MSc FRCP FRCPE FRCPATH

ACKNOWLEDGMENTS

I have been greatly helped throughout by the hard work and expertise of my co-author Dr David S Grimes. As described in our earlier book, he too has had a long interest in Vitamin D deficiency, indeed he wrote a thesis and excellent book on the subject, and his blog is a gold-mine of information on the current pandemic and the roll-out of illegal and untested nucleic acid ‘vaccines’. We have decided to keep the authorship of this book in my own name ‘*with*’ David S Grimes, keeping his specific contributions to Chapters 11, 18, 19 and 20, in which my role has mainly been stylistic editorial adjustments for consistency. This makes sense as we have come at the subject from different viewpoints, and I don’t feel it is fair to burden him with defending some of my more controversial ideas.

This book has been in gestation for more than two years, since the end of 2020, over which time I have no doubt greatly stretched the patience of many in my circle of family and friends. They have for the most part displayed great patience and support, and I hope at least to have persuaded many of the importance of taking supplements of a Vitamin D in one or other of its forms, and at adequate doses. In the course of this time I have made many Italian friends who have refused vaccinations at great personal cost. There are several people who have been particularly influential. Joseph Tritto was most generous when he got back to me after I contacted his publisher, and ultimately we came to work closely together on our ‘*Denuncio*’ to the International Criminal Court (ICC) in The Hague, which was finally submitted in early June 2022 by our generous and delightful lawyer, Barbara Benazzi. Finally, after a joint visit to the ICC in person, (see photograph) we elicited an acknowledgement in October, and a provisional response on 9th December 2022.



October 10, 2022, at the ICC

In the course of working on this book in old age I have effectively got back into genuine Academic Medicine as I knew it as a young doctor all those years ago, before it was hijacked by Big Money and Big Pharma. I was very happy to have the cooperation of my fellow endocrinologist Prof Parag Singhal, Hon Sec of the British Association of Physicians of Indian Origin (BAP-IO) in getting the message and supplies of Vitamin D out to BAPIO members in April 2020, which action had a major effect in reducing the severity of Covid-19 amongst their members. Likewise in May 2021 when Covid deaths in India were heavily publicised, my rabies-prevention friend Dr Omesh Bharti kindly put me in touch with Prof Jugal Kishore at Safdarjung Hospital in New Delhi. He did a small observational study of calcifediol I had sent him from Italy, and provided footage for a Youtube film I made (<https://www.youtube.com/watch?v=SMHNdY-Lo0BI&t=23s>). Mr Chris Williams, who has kindly written a Foreword for this book, has likewise been a staunch ally, as well

as giving me copies of two seminal books by Peter Goëtsche and Ralph Moss. I also gratefully acknowledge my gratitude to Oksana Nesterenko, for permission to show an image and sharing a photograph of her beloved daughter Giulia Lucenti, who was found dead in bed on September 10th 2021, 17 hours after getting her second dose of the Pfizer vaccine, and whose autopsy revealed myocarditis. Finally, I thank Prof. Mark Haussler for permission to include images (Fig 4(2) and 4(3)) on the mode of action of the Vitamin D-activated receptor in concert with the RXR retinol (vitamin A) receptor. Such illustrations reveal the simplistic folly of Big Pharma psychopaths concerned with enriching themselves and their shareholders with patented solutions that deny and act against Natural Immunity.

INTRODUCTION

Background, and our earlier book¹

The Covid-19 (Sars-CoV-2) pandemic was allowed, indeed encouraged, throughout 2020 to wreak global havoc, to be followed at 'warp speed' by the Great mRNA and DNA pseudo-vaccine scandal of 2021-22. This is inevitable when those in power do everything in a deliberate and concerted way to ignore biology in order to impose their own financial imperatives and augment the negative aspects of the seasons, which revolve around seasonal Vitamin D deficiency. A central theme of this book is that in the Covid-19 disaster and then its aftermath, we are facing a man-made catastrophe which derives from a man-made virus bio-weapon. An essential element, as pointed out in our earlier book, was and is the failure to recognise the obvious importance of weak and weakened natural immunity. The disaster could have been greatly reduced and shortened if those in power had accepted, and their sycophantic paid advisors had then acted on, a simple and obvious conclusion that whatever the origin (natural or constructed) of this virus, its danger depended on a parallel global pandemic of Vitamin D deficiency. And, as it turns out, there has been and still is, a complementary concerted denial of the bleeding obvious.

As we wrote then, most of the evidence from the start was that disease severity could be greatly reduced by adequate and cheap supplements of Vitamin D, and recognizing the unique

¹<https://www.amazon.com/Vitamin-D-Deficiency-and-Covid-19/dp/0956213278>.

role of this essential natural compound in front-line innate immune defense. This contention was supported by a host of previous studies of its protective effects against invasion by other outside pathogens, and has been amply confirmed as Covid-19, the pandemic we all know about, is being painfully dragged on and on into 2023.

Over time, and as we and others tried to get this simple message out, an increasing number of powerful observational studies, followed by controlled trials on patients ill with Covid-19, have supported our original contention. But an increasing gulf became apparent between what was obvious to ordinary ‘lay’ people (many of whom then started to take Vitamin D3 in sensible doses on their own initiative), and official national and global policies. We refer to recommendations of Governments, health-care organisations, Big Pharma, the World Health Organisation and an increasingly censored mainstream media. And, sad to say, also to the Medical Profession whose higher echelons have failed to apply existing medical-scientific knowledge, common sense, reason and the precautionary principle ‘*primum non nocere*’, *first do no harm*. Basically, Vitamin D deficiency has been ignored and dismissed as a factor at every official level, and as a result millions of people worldwide have died unnecessarily, and are continuing to do so increasingly now that only one voice is permitted, namely the imperative to be ‘vaccinated’ regardless of the cost to health and liberty, and in the face of evidence that it is dangerous and doesn’t work. A senior executive of Pfizer, Janine Small admitted recently to Robert Roos, Member of the European Parliament (MEP) when asked “*Was the vaccine tested on stopping the transmission of the virus before it entered the market?*”. Small replied, with disarming innocence: “*No, we had to work with the speed of science!*”² And this despite multiple assertions

²<https://www.news.com.au/technology/science/human-body/pfizer-did-not-know-whether-covid-vaccine-stopped-transmission-before-rollout-executive-admits/news-story/f307f28f794e173ac017a62784fec414>

from government spokesmen and President Biden that... *“Everybody talks about freedom and not to have a shot or have a test. Well guess what? How about patriotism? How about making sure that you’re vaccinated, so you do not spread the disease to anyone else.”*³ We will show that such statements are lies based at best on the politics of ignorance, and at worst by militant financially driven totalitarianism.

What lies behind all this?

The most obvious cofactors have been the exploitation of fear; the misuse or squandering of physical methods to slow the infection, that might have bought time to strengthen first phase immunity; and the overwhelming need of those in authority to be right all the time. These official forces treated the virus as an isolated entity and enemy, instead of as a partial life-form which was unable to exist without us, that would exploit our collective weaknesses. A military analogy would be to believe that you can defeat terrorists by might alone, without addressing the reasons leading to extremism in the first place.

Now, in the Northern hemisphere, it seems to have come as a shock to many that the Earth spins at an angle of 23.44 degrees relative to its annual orbit round the sun, as a result of which, last year winter once more arrived, and it can be relied on to do so again next year and the year after. And therefore D-deficiency gets worse until winter ends and will do so again. Instead of addressing the obvious simple science, ubiquitous undeclared vested interests have driven many ‘experts’, who are paid supposedly to advise their Governments, to keep quiet. Official Media and the Printed Press have maintained a deafening silence, as if Vitamin D was Public Enemy Number One; and widespread

³<https://www.msn.com/en-us/health/other/president-joe-biden-urges-vaccine-boosters-now-is-the-time/ar-AA13mKMQ>

obstruction and censorship of the internet has been promoted even by the World Health Organisation, in an appeal to its own (now Bill Gates-owned) authority⁴.

But we fear that there is much more to this than meets the eye, and that is what this book will explore. We don't have all the answers, but we do have some, as well as many previously unspoken questions, and we believe that where vested interests go unchecked one should at least suspect collusion, which is always helped if those with the power and big money turn a blind eye. We don't have to look beyond the Nazi Holocaust or the more recent massacres such as in Rwanda and Srebrenica, to realise the power of convenient denial of the obvious, especially if everyone else is also doing so, Press silence has been bought, and fear of the unknown systematically exploited.

What we plan to examine in this book

We will try to link disparate features, not so much in order to apportion blame, as to help those who follow avoid making the same mistakes. In doing so, we are doctors who can draw on more than a century of combined medical experience, being elderly, retired and both in reasonable health. We were fortunate to have learnt and then practiced medicine at a time when individual doctors were allowed to act, largely unthreatened, on past education, intelligent observation, experience, and the best interests of the patient in front of them. As clinicians in practice we were encouraged to venture beyond our defined specialist fields, and try to solve difficult 'cases' and their unsolved problems. We should also not overlook the obvious fact that as two pensioners we now (so far) regularly receive our pensions, whether we choose to continue to work or just to play golf. This is an obvi-

⁴<https://www.armstrongeconomics.com/world-news/conspiracy/bill-gates-has-been-controlling-who/>

ous privilege, (which may of course be taken away should there be global financial collapse); and it brings with it responsibilities to those with some special expertise, but without the pressures of jobs to lose. Choosing to do so, as clinical scientists we will unashamedly venture into other areas, and look all the while for evidence in support of or against our provisional hypotheses. In this venture we have drawn also on expertise of many others, particularly our good friends Chris Williams, and Professor Joseph Tritto.

Used properly, of course we are also able to draw greatly from the escalating power of the internet and other forms of instant communication. We all share an intrinsic suspicion of 'experts' who prefer to appeal to their own authority rather than try to explain in simple terms the evidence. And as we address opposing arguments, we will try to stick throughout to the importance of **evidence** rather than unsupported **opinion** and to distinguish between the two. We will also try and address the strengths and nature of all sorts of evidence, rather than be forced to accept committee-driven dogmas without adequate explanation. It will also become apparent that in detecting crimes of all kinds, it pays to follow the money trail, which always leads us towards Big Money.

CHAPTER 1

SURVIVING IN A HOSTILE AND VIRUS-RIVEN UNIVERSE

On Intelligence and stupidity

It is evident that the bulk of the Universe, (if the infinite has bulk), is extremely hostile to life. It is also quite possible for a living human being to be both highly intelligent and exceptionally stupid at the same time. Thus, Stephen Hawking, who died in March 2018 at the age of 76, was without doubt a remarkable astrophysicist, and an expert on radiation from black holes. Yet, not being a biologist he warned that within 100 years we would need to colonize Mars and other planets⁵. If we don't, he believed, mankind may not survive climate change, disease, and other predicted versions of doom destined to afflict us over this century! We can make some allowance for the fact that he had been severely afflicted for the last 50 years of his life with Motor Neurone Disease (MND), a devastating destructive central nervous system disease which is usually fatal within 5 years of diagnosis, and that the above extra-terrestrial prediction was expressed in his later years. And to be fair he only survived to old age through a massive application of dedication, intelligence, biotechnology and medical care.

⁵<https://space.nss.org/stephen-hawking-why-we-should-go-into-space-video/>

Billionaire ‘philanthropist’ Bill Gates, erstwhile co-founder with the late Phil Allen of the company *Microsoft*, is also seemingly a devilishly intelligent man, but one who, now aged 65, can still walk around, feed himself and is apparently still in fair physical health. Nevertheless, he has apparently decided that global warming from carbon dioxide emissions and the so-called ‘greenhouse effect’, is such a risk to future humanity that he is funding something called the Stratospheric Controlled Perturbation Experiment (SCoPEX)⁶, a scientific experiment to spray calcium carbonate powder into the stratosphere from a balloon over Sweden,⁷ in order to deflect the sun’s rays back into space! He is obsessed with reducing carbon dioxide emissions, and may not realise that carbon dioxide with its molecular weight of 44, is substantially more dense than the mixture of 80% nitrogen (MW 28) and 20% oxygen (MW 32), of the air we breathe (so roughly 29 g/mol). So it mostly hangs around close to ground level, where it is essential food for plants to recycle as food on which all animal life depends.

This stratospherically stupid idea of shutting out sunlight with high altitude powder, which only he can afford to finance, surely is living testament to the power of money over common sense. And at the very least it suggests that Bill Gates has no inkling that the radiation emitted by the sun, that is most sensitive to such an experiment, is ultraviolet light in the wavelength range 290 to 315 nanometres (UVB)⁸. This is radiation that we living beings need to act upon 7-dehydrocholesterol in our exposed skin to form Vitamin D3, a natural compound that is essential for mammalian life and health, and of which global deficiency is already rife. The unique fractured B-ring of Vitamin D gives length and flexibility to a normally rigid steroid structure, (see

⁶<https://www.keutschgroup.com/scopex>

⁷<https://climatesciencenews.com/2021-02-10-scopex-ballon-launch-sweden-criticized-environmental-groups.html>

⁸<https://pubmed.ncbi.nlm.nih.gov/29124697/>

Chapter 2) and to biologists its simple form represents absolute perfection in both quantum science and art, and it is vital for continued human existence.

We have pointed to evidence throughout the current pandemic that the coronavirus named SARS-CoV-2, responsible for the potentially fatal illness designated by the World Health Organisation as Covid-19, is especially, indeed maybe only, dangerous for people with a coincidental deficiency of Vitamin D. The animal form (Vitamin D3, or cholecalciferol) has many functions, of which the most relevant is to facilitate effective working of the 'innate' primary immune system needed to fight hitherto unknown foreign invaders like viruses and bacteria. Furthermore, and of relevance to the medical history of the above-mentioned late Stephen Hawking, Vitamin D-deficiency, possibly at the time of a such a virus infection, may have contributed to his lifelong disability from Motor Neurone Disease⁹ by facilitating replication in his nervous system, of a retrovirus. This supplementary role of Vitamin D-deficiency may also apply to other chronic neurological disorders including Multiple Sclerosis, Parkinsonism, and Alzheimers disease, which are found especially in northern latitudes¹⁰, where widespread D-deficiency by the end of winter is the norm.

Planet Earth is our only and eternal home

Human space exploration is, of course, an entertaining diversion, as we who are old enough were privileged to witness in 1969 when Neil Armstrong and Buzz Aldrin, ably assisted by Michael Collins in the mother ship, miraculously and at great

⁹<https://www.karger.com/Article/FullText/493386#>

¹⁰<https://www.medscape.com/viewarticle/551439#:~:text=Updated%20Rates%20of%20US%20Neurological%20Disorders%20Show%20Increased,out%20of%20every%201000%20children%20have%20cerebral%20palsy.>

expense landed on and then safely returned from the moon. But we hope that the reader will immediately appreciate that Hawking was deluded to think that as a species, we might have any other place to go and live. And that Gates is deluded in seeking such a extremely stupid solution to hypothetical CO₂-induced global warming, as to deliberately powder the upper atmosphere. Our precious planet has been through a long and tortured past, stretching back over billions of years, and over which time intermittently, in the recovery phases after many extinction events, more complex life forms have evolved. For all but a tiny fraction of this time there has been no life-form with the insight (as we presume to have) to question the nature of its own existence. Or, one might add, with the stupidity to ignore the fact that it, too, is part of biology, and to sustain a delusional ‘**Great Reset**’. In the mind of Klaus Schwab, founder of the World Economic Forum, this is intended to decimate the caring and the poor, while making the chosen sociopathic mega-rich ever richer¹¹.

There may, of course be other planets suitable for life forms of some kind, millions of light years away, but there certainly isn’t one in or within reach of our own solar system. It is self-evident that in our finite part of the infinite universe, Planet Earth is and will remain our only possible home. So, we surely need to work out better ways to look after it without systematic, self-centred and psychopathic abuse that fails to learn from biology or to recognise our responsibilities to care for and conserve our planet. There can surely be no excuse for continuing to act as though exponential growth can continue *ad infinitum*. For several centuries, it has been the unspoken assumption of modern Economics and exponentially self-destructive warfare, that we can somehow combine raiding the past, destroying the present, and mortgaging the future. And at an ever-increasing rate. What we seem to see with the Schwabian Great Reset, is a model whereby

¹¹<https://www.weforum.org/agenda/2020/07/klaus-schwab-nature-jobs-great-reset-podcast/>



Figure 1(1). *Klaus Schwab and Prince Charles Launch the 'Great Reset at the WWF Covid meeting June 2020*

ultra-rich global sociopathic criminals in charge will claim ever more for themselves, while they continue to trash the planet. It is increasingly clear that they are also of the opinion that they will be even better off with fewer poor humans to share their fair share of Earth's finite resources They must think all normal people can be bullied into stupidity.

How life on earth has depended on unwanted impacts before

Vitamin D3 is essential to sustain and protect all advanced forms of animal life on Earth, but its origin is extremely fragile. What was probably Earth's first unique Goldilocks miracle (some 4.4 billion years ago), was the Earth's mega-impact with the proto-planet Thea, a Mars-sized sister-planet that apparently brought

us water, gave us the oceans, and ejected the moon¹². As a consequence, the Earth, stabilised by the moon, now spins on its own axis at 23.44 degrees relative to its annual circuit round the Sun. This gives us the seasons, and far from the equator (where most of the land is located), the Achilles' heel of life, the fragile and fluctuating Vitamin D3 production system. Thus in many of the world's most attractive places, over long winters all UVB light at ground level is filtered out, and Vitamin D3 (cholecalciferol) is in short supply¹³.

For hundreds of millions of years, land on Earth was mostly in the form of one mega-continent, we call *Gonwana*. Until around 250 million years ago, something cracked the mega-continent longitudinally, to be followed by progressive drifting apart of massive crustal fragments to form Africa and the Americas¹⁴¹⁵. Around 65 million years ago this was followed by another massive impact, *Chicxulub*, in what is now the Gulf of Mexico, an impact that wiped out two thirds of all species, including all dinosaurs except birds, so making way for us furry warm-blooded mammals¹⁶. It also set off multiple earthquakes and extensive volcanism¹⁷. And in the course of evolution our predecessors survived multiple further extra-terrestrial impact extinctions that wiped out other top species, the most recent apparently being the Younger Dryas impact of 12,800 years ago¹⁸.

There is a strong risk that we may now be witnessing another potentially fatal, but different, surface impact, from an omnipotent global politico-financial system, driven by a greedy global

¹²<https://www.medicaldaily.com/collision-between-theia-and-earth-brought-water-our-planet-435570>

¹³<https://www.ncbi.nlm.nih.gov/books/NBK532266/>

¹⁴<https://www.theage.com.au/national/australias-meteorite-rise-from-gondwana-20060604-ge2g8j.html>

¹⁵<https://www.livescience.com/37991-gondwana-breakup-detailed.html>

¹⁶<https://www.lpi.usra.edu/science/kring/Chicxulub/regional-effects/>

¹⁷ <https://pubs.geoscienceworld.org/books/book/674/chapter-abstract/3807771/Deccan-volcanism-the-Chicxulub-impact-and-the-end?redirectedFrom=fulltext>

¹⁸<https://www.sciencedirect.com/science/article/abs/pii/S0012825221001781>

elite that is small on education, truth, compassion, intellect, and common sense, but big on psychopathy, money and the censorship it can buy. In the course of this book we will explore this idea further, and suggest ways it has led to and exploited Vitamin D deficiency, and look at the implications for continued human existence.

Are we witnessing the defining moment of a sixth extinction?

You may think we exaggerate, but in order to avoid disasters we need to see them coming and to act in time. In this case are we facing an extreme and defining manifestation of a sixth, and now man-made extinction? Is ecological *Homo sapiens* in fact being dominated and destroyed by the eco-destructive greed of *Homo ignorans*, (*var. WEF*)? And is it possible that lying right in the hidden underbelly of such a disaster lies the denial of a wholly natural and essential chemical, Vitamin D? Vitamin D₃, (cholecalciferol) to be precise, (since there is no D₁, and it has been classically held that only fungi make D₂, otherwise known as ergocalciferol). There is much evidence that Vitamin D₃ is also produced in algae and plants, including some that are used as food¹⁹.

Lip service of course is paid by the Health Care Profession to Vitamin D₃ and its reservoir form calcifediol, but considered mainly as precursor to circulating 1,25(OH)₂D₃ (calcitriol), Here it functions as a classical hormone messenger which is secreted from the kidney tubules and involved in blood calcium absorption and control, and also needed for skeletal growth. But this, the greediest of its functions, is driven by the action of circulating parathyroid hormone (PTH) acting on the kidneys. Vitamin D₃ was also selected over the course of evolution to

¹⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651966/>

facilitate a host of other vital defensive roles, also to do with self-protection of animals that have to function below the 'endocrine radar' (see below). To ignore these is to play with fire. We will return repeatedly to the role of Vitamin D deficiency²⁰ and the reasons behind its willful neglect, by greed-driven *Homo ignorans*, throughout this book.

The discovery of DNA and RNA

Three quarters of a century ago, two young and ambitious biological and physical chemists, James Watson and Francis Crick, drawing extensively on the experimental work of Rosalind Franklin and Maurice Wilkin, worked out the basic mechanism of self-replication and inheritance of life-forms²¹. Their breakthrough was to discover that all animal and plant life depends on long strands of the double helix form of deoxyribonucleic acid (DNA), which in Man is packaged in the cell nucleus into 26 chromosomes. These helical chains of bases, consist of two strands that are perfectly complementary, and between linking segments they contain the organism's genes, that in turn code for proteins. Every cell in the body contains (or at least starts out with) a nucleus bounded by a membrane and a full complement of the individual's genes. The activation of these genes is specific to particular tissues and cells. One strand of the double helix is 'read' by an enzyme called RNA polymerase to produce a single complementary chain of ribonucleic acid (RNA) which lacks the helical structure of DNA. This messenger RNA (mRNA) leaves the cell nucleus, to be 'read' into proteins by binding to ribosomes, with the help of transfer RNA molecules that carry the individual amino acid building blocks. The 26 chromosomes in-

²⁰ In this book, for simplicity we will mostly leave off the suffixed 3, referring to 25(OH)D, 1,25(O)2D etc

²¹ <https://stmuscholars.org/watson-and-crick-the-discovery-of-the-dna-structure/>

clude either two X chromosomes (in females), or one X and one much smaller Y chromosome (in genetic males), that determine our natural genders. This is discussed further in Chapter 3 when we look at the hormonal mechanisms of reproduction and sex differentiation, genuine intersexual disorders, and touch on the dangers of trans-sexualism²². We will later explain how Vitamin D plays a central role in maintaining tissue health and DNA integrity.

Viruses - partial life-forms; and the Baltimore classification system

Viruses are by definition partial life-forms that also consist of chains of nucleotides, each one comprising a sugar molecule, (ribose, in RNA and deoxyribose in DNA), attached to phosphate and a nitrogen-containing base. The bases adenine (A), cytosine (C) and guanine (G) are common to both types of nucleic acid, while thymine (T) in DNA is replaced by uracil (U) in RNA. Each nucleotide in the DNA chain is linked to the next sugar via phosphate, while the bases pair purine to pyrimidine as A-T and C-G. The principal ‘ambition’ of any virus is to make more of itself, and it can only replicate by using the normal machinery of the cell’s nucleus and cytoplasm. The Baltimore classification system places viruses into one of seven groups depending on a combination of their nucleic acids (be it DNA or RNA), their strandedness (single- or double-), their sense (+ or -) and their method of replication. They are named after virologist David Baltimore, and given roman numerals I to VII²³. Classifying vi-

²² https://www.reddit.com/r/transgencirclejerk/comments/kjodhd/broke_gender_dysphoria_woke_transsexualism/

²³ [https://bio.libretexts.org/Bookshelves/Microbiology/Book%3A_Microbiology_\(Boundless\)/9%3A_Viruses/9.3%3A_Classifying_Viruses/9.3B%3A_The_Baltimore_Virus_Classification](https://bio.libretexts.org/Bookshelves/Microbiology/Book%3A_Microbiology_(Boundless)/9%3A_Viruses/9.3%3A_Classifying_Viruses/9.3B%3A_The_Baltimore_Virus_Classification)

ruses in this way according to their genome means that those in any given category will all behave in a similar fashion.

Baltimore Group IV viruses, including Coronaviruses.

Any successful virus needs to exploit, but not to kill its host. If a virus leads to its host's death it is clearly not in the interests of either party, namely the very simply partial viral life-form, or the complex highly evolved individual it infects. An argument can be made that the most successful viruses just tick over, replicating themselves, while causing minimal damage to their host. When we were young doctors, the wish to understand this phenomenon was one of the driving motives for the creation of the Common Cold Research Unit (now long-extinct) in Salisbury, UK²⁴. The common cold viruses were found to include four coronaviruses, and these are responsible for around 10% of common colds. These are Baltimore Group IV (positive stranded) RNA viruses, a group that also includes Hepatitis A, C and E, poliomyelitis, and rubella viruses²⁵. They contain their RNA encased in a spherical double layered envelope into which 8 different viral proteins are inserted.

Coronavirus replication

Once inside the cell, the positive stranded RNA has to be 'read', by cellular nano-machines called ribosomes; these bind the 5' end at the first open reading frame (called ORF1), to produce a viral enzyme called RNA dependent RNA polymerase (RdRP). This enzyme then translates the remaining viral genes into their relevant proteins. It also makes a negative-stranded RNA copy as

²⁴ https://en.wikipedia.org/wiki/Common_Cold_Unit

²⁵ <https://microbeonline.com/baltimore-system-classifications-viruses/>

well as further positive-stranded copies for export into new virus particles (virions). Later in this book we will try to explain in simple terms what is known of the structure of the SARS-CoV-2 spike protein, and suggest why it is especially dangerous for anyone with coincidental Vitamin D-deficiency, and who thereby lacks an efficient primary immune response. This is not a subject you will hear discussed by the power-hungry who see vaccines as the solution for every kind of infection, and see natural immunity as a threat to their business model.

A love-hate relationship between partial and more advanced life forms

The 19th century biologists Charles Darwin and William Wallace, joint authors of *The Origin of Species*, saw natural selection as the major driving force of evolution on planet Earth²⁶. They may have been vaguely aware of, but certainly underestimated, the role of global catastrophes caused by impacts with giant meteorites crossing our path apparently at random, in producing sudden extinctions. These extinctions, when large enough, set the clock of life right back to near the beginning, eliminating especially super-specialists in favour of small generalist survivors. The best understood of these is, of course, the impact some 65 million years ago that brought to an end the rule of the dinosaurs, and made way for the present age of the mammal²⁷.

²⁶ <https://www.bbvaopenmind.com/en/science/leading-figures/wallace-and-darwin-a-pact-for-evolution/>

²⁷ <https://www.nationalgeographic.com/science/article/dinosaur-extinction>

After a massive meteorite impact - block-out of UV radiation

The direct effect of an extraterrestrial impact is bound to be greatest for more complex and so more specialised life forms. But what about the period that follows? In the phase of recovery, both the planet, and her rapidly evolving new species must have adapted rapidly to the quite new physical and climatic circumstances. One effect, if as with Chicxulub it was sufficient to crack open the earth's crust, will have been the re-activation of volcanism. We know that 65 million years ago, on the opposite side of the planet, the opposing crustal crack on the Indian subcontinent led to the extrusion of magma to form the 2km thick Deccan plateau²⁸. Such activity would have contributed to massive and sustained global solar block-out, with, until the dust cleared, consequent block-out of ultraviolet light, especially UVB, at ground level. So, in the aftermath there must have been global Vitamin D-deficiency. Small mammals and other carnivorous species would of course have had a long-lasting feast on carcasses of dead plants and animals, but we may expect that Vitamin D deficiency would have provided a field-day for viruses.

Much more recently, and within the current geological period (the Holocene) is evidence of an impact event that took place towards the end of the last ice age, some 12,900 years ago, at a time of dramatic global warming. This, the so-called Younger Dryas impact led to sudden cooling back to basal ice age temperatures. This impact, and its aftermath led ultimately to dramatic melting of the ice sheets.

This cooling lasted for around 1,300 years, and its initiation was accompanied by tell-tale evidence of impact features in the surface soil around the world²⁹. Then, for no obvious reason it was followed by a further dramatic and abrupt pulse of global

²⁸ https://en.wikipedia.org/wiki/Deccan_Plateau

²⁹ <https://www.simonandschuster.com/books/The-Cycle-of-Cosmic-Catastrophes/Richard-Firestone/9781591430612>

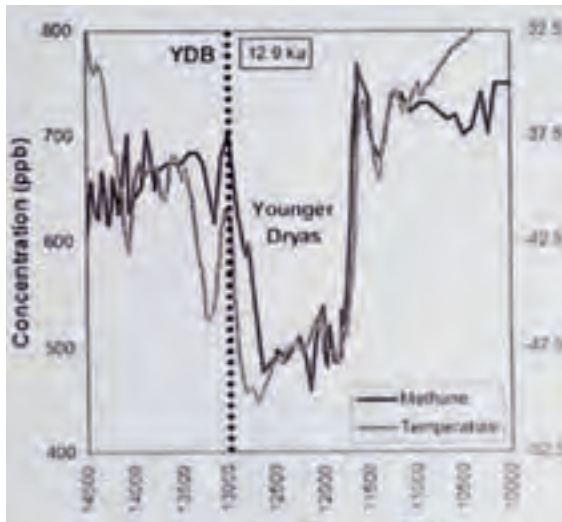


Figure 1(2) *Greenland Ice core data, on temperature and atmospheric methane changes, associated with the so-called Younger Dryas cooling 12,900 years BP (from Zamora).*

warming as illustrated in Figure 1(1). One of the best scientists in this field is Antonio Zamora who argues convincingly for a meteorite impact on North America's 3 km thick Laurentide sheet, which led to a massive ice explosion about 12,900 years ago, around what is now Lake Huron's Saginaw Bay. He has written extensively on the evidence from the Carolina Bays and Nebraska Rainwater Basins; see for example his 2015 book *'Solving the Mystery of the Carolina Bays'* (ref³⁰). This led to a massive instantaneous extinction of North America's Clovis people, as well as the North American Mammoth, Sabre Tooth Tiger and other Megafauna. This is, of course, not of direct relevance to this book, except that it illustrates that we and our planet are at

³⁰ <https://www.amazon.com/Solving-Mystery-Carolina-Antonio-Zamora/dp/0983652392>

the whim of events beyond our control, and need to live intelligently within the biology of which we are part. The blocking out of sunlight by such an impact would have grossly reduced UVB radiation and so Vitamin D production. After 1,300 years there was then an abrupt rise in atmospheric methane and global temperature, with massive melting of the Laurentide and other ice sheets, and a further sea level rise of maybe 30 metres over 1000 years³¹, or probably many times faster as the field of ejected ice boulders that had been scattered over much of the USA, melted. This really puts the current supposed climate crisis into perspective.

A post-impact field day for viruses of all kinds?

It is now well-accepted that there has been integration of parts of the genome of many viruses into host DNA³². This applies most obviously to retroviruses (RNA viruses that can back-translate into DNA), and DNA viruses: this therefore must have contributed to rapid secondary evolution that would have followed a medium or large meteorite impact. Irrationally with SARS-CoV-2 we have now quite unnecessarily created a meteoritic impact look-alike, by first ignoring, and then deliberately amplifying a state of global D-deficiency with face-masks and fear. And what did our *Homo* species do in response? We applied our finance- and greed-driven ignorance to implant more or less the whole of the world's population with potentially dangerous fragments of viral messenger RNA. This is in the full knowledge that next winter it would both make things worse, and more profits for the world's financial fat cats. We will argue later in this book that this rush to untested nucleic acid so-called 'vaccines' is the height of criminal folly and irresponsibility on the part of

³¹ https://www.giss.nasa.gov/research/briefs/2007_gornitz_09/

³² <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020010>

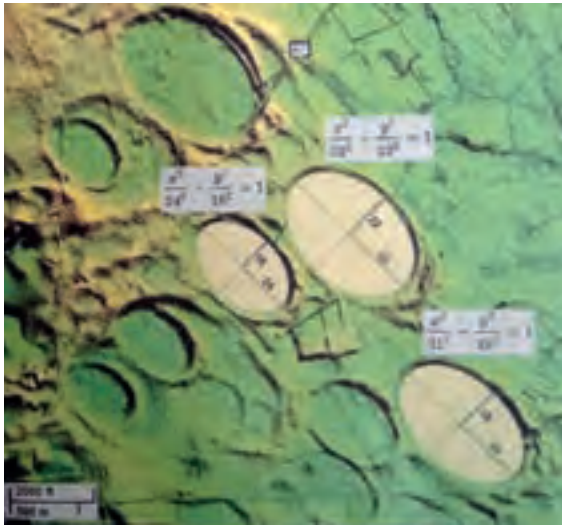


Figure 1(3) *Image from the cover of Zamora's fascinating book on The Carolina bays, presenting compelling evidence they were caused by ballistic ejection of massive chunks of ice landing on unconsolidated ground.*

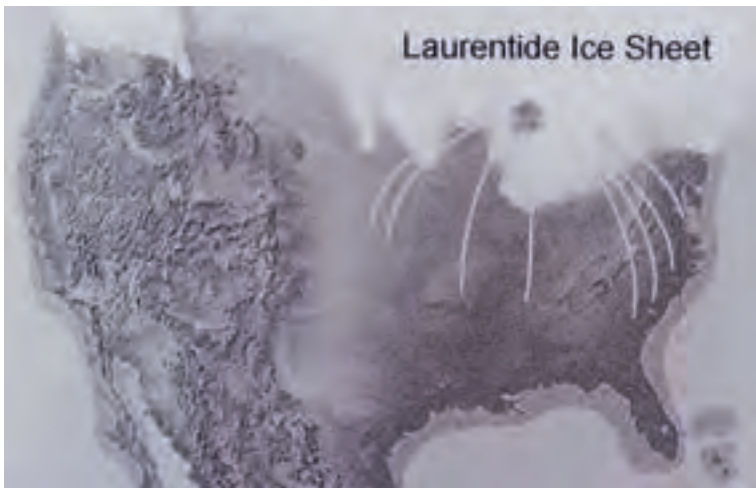


Figure 1(4) *Illustration of ballistic ejection. Postulated event 12,900 yrs b.p. (from Zamora)*

Big Pharma and its masters. But before we consider the current virus, we need to review some important aspects of mammalian endocrinology, in the two sexes, and at different ages. For this is highly relevant to the question of how both the infection and the use of untested vaccines might interact to cause damage, death and destruction. And since greed knows no limits, we may expect that any consequent harm will be covered up by those in power, provided they have the money to do so, and the rest of us let them. We can be absolutely certain that powerful criminals are adept at pulling the wool over the eyes of their victims. (In passing, on the subject of wool, extracted lanolin irradiated by UV light is a major and inexpensive commercial source of Vitamin D3!)

CHAPTER 2

MAMMALIAN HORMONES AND HOW THEY WORK

Hormones are chemical messengers that travel in the bloodstream to act at distant sites and their action can be local or general. It is, of course, a given, that for us to survive in a hostile world, our bodies must have universal and highly versatile mechanisms to protect us from attack by previously unknown organisms. In mammals, that mechanism is provided by the unique sterol, cholecalciferol, aka Vitamin D₃, which acts in concert with vitamin A and elements such as zinc. We can take it for granted that, since defence against the unknown is intrinsically unpredictable, it would have required unique flexibility; and below we will look at how and why this flexibility was obtained in the form of bio-activate Vitamin D₃ (calcitriol). But as one of us (DCA) is a lifelong clinical and basic endocrinologist, we should first put it in the context of some other less flexible steroid molecules, of which there are many, that have specific functions as classical systemic hormones, mediated by binding to their own specific intracellular target organ receptors. Since the western world is now being bombarded by all sorts of biological nonsense over gender identity to the confusion of minors, we will take a biological look at the end of this chapter at some of these issues.

Introduction: Peptide hormones, steroids and sterols

All hormones bind to and act on receptors, which are found either on the surface or in the interior of the cells they act upon. Surface-active hormones are mostly polypeptides (ie chains of amino-acids) that arise from specific central glands, notably the pituitary gland that is located just below the brain's hypothalamus, and the four parathyroid glands in the neck. They secrete their hormones into the general circulation, and only have an action on cells with specific receptors. Steroid hormones and the iodine-containing thyroid hormones, (which we will not consider further here), act on specific intracellular receptors, to promote the differentiation and function of specific target tissues. By and large they seem to have evolved and specialised early in vertebrate evolution, for specific functions.

Some classical endocrine systems

The over-riding role of the fetal testis in gender determination

A basic understanding of physical sex determination should be central to human adult education, especially now that it has been confused by so-called LGBTQ agendas. Each individual mammal has a chromosome composition that includes a pair of sex chromosomes, XX or XY. The X chromosomes are large and contain many different genes, while the much smaller Y-chromosome has been almost completely reduced to an active role in physical and functional determination of the male external and internal genitalia. This system minimises the chances of reproductive ambiguity. It is self-evidently vital to maintain differentiation of reproductive functions between adult males and females. The mechanism is well understood since the work of Albert Jost³³

³³ https://www.researchgate.net/publication/5278098_Professor_Alfred_Jost_The_Builder_of_Modern_Sex_Differentiation

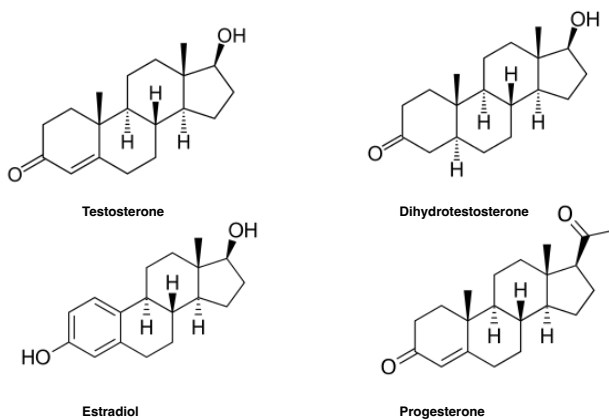


Figure 2(1) *The main steroid hormones, male (testosterone and dihydrotestosterone; and female & pregnancy (estradiol and progesterone)*

and others including Nathalie Josso³⁴ and seems delightfully simple. Along with another androgen conversion product, 5-alpha dihydrotestosterone, testosterone has been selected by nature for a major and irreversible role in mammalian sex determination, early in embryonic life, that leads the initially ambiguous gonads to differentiate as testes, and for spermatogenesis and the male contribution to reproduction.

Sex differentiation as a binary function

So every human fetus starts with ambiguous gonads, and precursors of a full set each of male (Wolffian) and female (Mullerian) internal ducts with full sets of both potential reproductive tracts, and³⁵ the default external genitalia are female. In the course of early fetal life, the role of the Y-chromosome is first to impose maleness on the gonads to become testes, and the resultant testes produce hormones that impose maleness on the internal and

³⁴ <https://www.researchgate.net/scientific-contributions/Nathalie-Josso-38455902>

³⁵ <https://www.differencebetween.com/what-is-the-difference-between-mullerian-duct-and-wolffian-duct/>

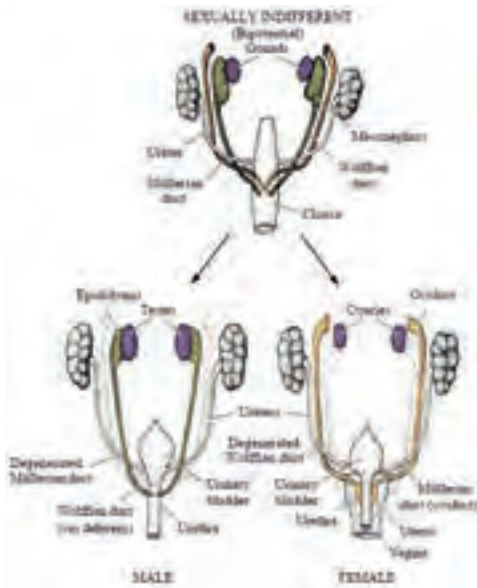


Figure 2(2). *Sex differentiation in male and female, from <https://teachmeanatomy.info/wp-content/uploads/Development-of-the-Internal-Genitalia.png>*

later the external genitalia. The testes make the Wolffian ducts persist and the Mullerian ducts degenerate. All that is needed for femaleness is the absence of a Y chromosome, to ensure that the gonads develop as ovaries, and the internal and external genitalia become female in form and structure. The ovaries and their main reproductive steroid hormones estradiol and progesterone have no role in this process, and only come into play at puberty, for adult reproduction, through ovulation, reception of and fertilisation by a sperm, and during consequent pregnancy.

The stimulus for the testes in the fetus, is the placental hormone Human Chorionic Gonadotrophin (HCG), which as well as acting on the corpus luteum of the mother, in the male fetus

drives testosterone production from the Leydig cells to maintain the male internal (Wolffian) ducts, the pre-phallus to become a proper glands and tubular penis, and the labio-scrotal folds to form a scrotum. The Leydig cells of the testes by secreting testosterone in this way impose maleness on the future external genitalia. Furthermore, early in fetal life, the Sertoli cells of the testis, which guard the germ cells in the seminiferous tubules, also produce Müllerian duct inhibiting hormone (MIH). MIH acts locally to cause atrophy of the potential uterus, upper vagina and fallopian tubes. **Summary:** the Y chromosome imposes maleness on the default gonads to become testes which will make spermatozoa; and on the internal and external genitalia to allow after puberty, copulation, ejaculation and so fertilisation of the female partner's prepared ovum.

Effects of testosterone on the developing brain

Another very important role of testosterone before birth is to permanently modify the structure of the brain, in part through a selective action on the right-sided speech centre, to develop it for spatial recognition needed for hunter-gathering. Later, after delivery, the newborn male, over the first few months outside the protective uterus, undergoes a surge in production of testosterone, this time driven by the awakening hypothalamus controlling the pituitary gland, and its hormone Luteinising hormone (LH). At around 6 months, this central activity quietens down and becomes dormant through childhood until puberty. This transient post-natal surge in LH and so testosterone completes the process of descent of the testes into the fused scrotum, which is necessary later to reduce testicular temperature by 1.5C, needed to facilitate spermatogenesis. So, with this aggressively testosterone-induced disparity in physical development, we should not be surprised if the response to other steroids or sterols is different later in life. This is especially so because the female has a choice of two X chromosomes, (one of which is suppressed at random

in most cells) rather than a single (maternally-derived X) and a Y found in normal males.

Profound differences between spermatogenesis and oogenesis

Finally, during puberty the brains of both genders wake up; on average this happens in girls around two years before boys. The relevant cells (gonadotrophs) in the pituitary are driven in both sexes by gonadotrophin releasing hormone, which is a local blood-born hormone from cells above in the hypothalamus, to make LH and FSH. The patterns of their secretion between the sexes, however, are different. In boys the secretion of LH, which is pulsatile, initially occurs at night during sleep, with secretion of testosterone stimulating male sex drive and promoting nocturnal emissions. As puberty progresses gonadotrophin secretion increases also in the daytime, and sustains the essentially continuous production-line process of spermatogenesis.

In women, in contrast, the process is geared to the release of one egg at a time. The ovaries and cyclical development of the female reproductive tract are specifically geared for ovulation, sperm reception and fertilisation, and maintenance of an ideally singleton pregnancy. If fertilisation does not occur, the egg dies, as does the surface endometrium, which is shed, causing menstruation. In the female cycle, pituitary secretion is first mainly of FSH, which promotes the development of a cohort of follicles, which secrete estradiol. Eventually after two weeks one gets ahead and selects itself by progressively switching off FSH on which those behind still depend. A mid-cycle surge in LH stimulates release of the egg (ovulation), and the cells of the follicle become the corpus luteum, which produces both estradiol and progesterone, completing preparation of the endometrium for implantation of the fertilised egg. The remainder of the cohort of eggs dies off, so the number of eggs in the ovaries progressively falls with each successive cycle, until the stock runs out completely at around 45 years (the menopause). After the menopause the ovaries no longer secrete either estradiol or progesterone. That is

in outline, essentially the 100 million-year old mammalian reproductive system. Reproduction is always needed, and is always predictable, so the reproductive hormones, such as testosterone, demand a rigid and predictable physical as well as functional structure. In contrast when we come to consider activated Vitamin D we will see that it has inbuilt physical flexibility, which puts it in a unique position to be involved in the unpredictable, including flexible immuno-protection against a whole range of different potential pathogens.

Male puberty and control of sexual function and behavior

During and after puberty, spermatogenesis is essentially a production-line process, with more sperm produced in a single hour than eggs are produced in the female over a lifetime. We are not here going to enter into the complexities of male sexual orientation, except to say that it is unphysiological and dangerous to encourage young children to think that they have been born into the 'wrong body', based on their perceived psychology or statements over gender.

Ovarian hormones, estradiol and progesterone, and pregnancy

Ovulation and the normal menstrual cycle

The reduction division in number of chromosomes from 46 to 23 needed to form the ova (eggs) all occurs well before birth. These eggs are surrounded by protective stromal cells, to form follicles, and after puberty over each cycle a batch of these follicles matures, while the rest remain quiescent till later. If we are to consider later possible harmful effects on female reproduction of a virus like SARS-CoV-2 or one of the so-called nucleic acid Covid 'vaccines', we need to understand a potted version of female reproductive endocrinology.

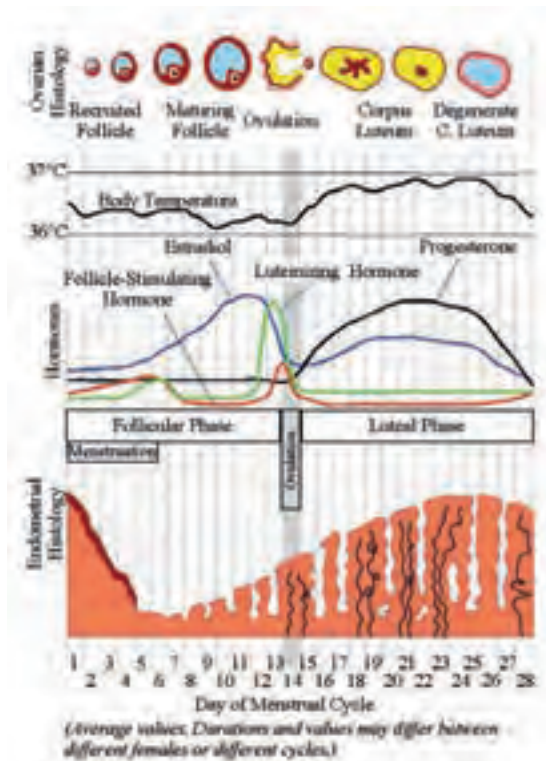


Figure 2(3) *Diagram, showing main pituitary and ovarian hormones and physical changes of the normal menstrual cycle. See text for details. Courtesy of ref (https://psychology.fandom.com/wiki/Menstrual_cycle).*

As with male sexual function and testosterone, the steroid hormone estradiol is under control of the same two surface-active peptide hormones, secreted from the pituitary gland, namely luteinising hormone (LH) and follicle stimulating hormone (FSH). These are controlled by local polypeptide releasing hormones coming from the hypothalamus at the base of the brain and traveling in a local portal vascular system. Estradiol from the ovarian follicles binds to and acts on its own specific receptors inside target organs; these include the breasts and reproductive

tract. As well as other direct effects, estradiol induces formation of progesterone receptors on the endometrium of the uterine lining. The phases of the female menstrual cycle are illustrated in Figure 2(3), from which it can be seen that estradiol, which comes initially from a cluster of developing follicles, rises progressively to a peak at mid-cycle, just before there is a surge in LH, causing the most advanced (usually single) egg to be released (ovulation), which is picked up by the local fallopian tube, to travel to the uterus in the 'hope' of fertilization.

This first half of this cycle is mainly driven by FSH from the pituitary acting on the cells of the follicle surrounding the dominant egg, while ovulation itself and the second half of the cycle are driven mainly by LH. Once the egg is released, the former granulosa cells multiply and change to form the so-called Corpus Luteum. This secretes both estradiol and progesterone, which together convert the developing endometrium from the proliferative to the secretory form, which is receptive to implantation should the released egg be fertilized.

Pregnancy and fetal-maternal integrity

If fertilization occurs, the embryo implants itself in the endometrium and rapidly takes over the role of pituitary LH by making its own LH-like hormone, Human Chorionic Gonadotrophin (HCG). HCG acts on the same receptors as LH does, an action that maintains the Corpus Luteum and thereby sustains progesterone and oestradiol secretion over the initial months of pregnancy. Since LH levels fall progressively following ovulation it becomes a race against time for the embryo to send out its own signal to keep the corpus luteum going throughout early pregnancy. After around 3 months the placental hormones HCG and human placental lactogen (HPL) and estradiol and progesterone, also from the placenta, take over. For the present discussion relating to Covid-19 and the safety of synthetic 'vaccines' in preg-

nancy it is important to recognise that from early in pregnancy ACE-2 receptors are present and active in both maternal and fetal components of the placenta³⁶ As we will see, these interact with Vitamin D. The complex interactions that lie at the centre of this versatile enzyme/receptor, Angiotensin Converting Enzyme-2 (ACE-2) are vital, and should surely not be willfully tampered with. The subject of ACE-2 is addressed further below.

Immunisation against HCG and illegal population control

The disease tetanus is caused by infection with the ubiquitous anaerobic bacterium, *Clostridium tetani*, which secretes the tetanus toxin, a potent neurotoxin that inhibits the release of neurotransmitters from presynaptic nerve endings, and so causes the horrific disease tetanus³⁷. Immunisation is with the modified toxin, called *tetanus toxoid*. In poor countries conditions for delivery of the baby may be primitive, and the umbilicus can easily be infected, so one valid preventative measure is for young women to be immunised by vaccination against tetanus toxoid. Unfortunately the gross disparity in wealth that now exists between ‘haves’ and ‘have nots’ has set the former against the latter over ‘population control’, involving the World Health Organisation in the process. The WHO was created principally to help redistribute health and wealth to the disadvantaged, yet for thirty years it has been an instrument to help eliminate the ‘have nots’ by rendering them infertile. A particularly offensive strategy involves abusing normal biology by using occult immunisation against the pregnancy hormone HCG in order to interfere with the basic endocrine mechanism by which the fetal syncytiotrophoblast sustains the mother’s corpus luteum, which is essential for progesterone and estradiol secretion until the pla-

³⁶ <https://royalsocietypublishing.org/doi/10.1098/rsob.200162>

³⁷ <https://pubmed.ncbi.nlm.nih.gov/1361727/>

centa itself takes over later in pregnancy. This has been achieved for many years by chemically linking the HCG molecule to that of tetanus toxoid, and then giving it to girls in place of normal tetanus toxoid under the guise of preventing neonatal tetanus. While raising antibodies to the tetanus toxoid, and so protecting the neonate against tetanus from use of dirty instruments after birth, permanent infertility and recurrent miscarriage is the deceitful real intended consequence. In recent years this has been a major scandal in Africa, and most notably in Kenya³⁸.

Genuine intersexual disorders and their management

True hermaphroditism, is a rare condition in which an individual is born with one or both gonads containing both types of tissue (testicular and ovarian) and as a result external and internal genitalia are ambiguous. Decision on the gender of rearing in such cases is complex and highly specialised. More common but still rare are various forms of male and female pseudo-hermaphroditism. Briefly, we mention three. Hypospadias in males involves incomplete fusion of the labio-scrotal folds, so the urethra does not open at the end of the penis, and it occurs in about one in 200 boys³⁹. Operation is needed, by a pediatric urological surgeon. At the opposite extreme in genetic XY males is the condition of testicular feminisation, where there is a defect in the testosterone receptor⁴⁰, causing complete androgen resistance. The incidence is about one in 10,000, and individuals must be raised as females. They lack female pubic and axillary hair after puberty, have well-formed breasts, a blind vaginal pouch, and inguinal testes. In both sexes one of the commonest disorders is

³⁸ <https://www.scirp.org/journal/paperinformation.aspx?paperid=81838>

³⁹ <https://pubmed.ncbi.nlm.nih.gov/10444132/>

⁴⁰ https://en.wikipedia.org/wiki/Androgen_insensitivity_syndrome

congenital adrenal hyperplasia⁴¹, where there is an enzyme defect in the pathway to cortisol synthesis, in the adrenal cortex, leading to masculinisation. In boys, this leads to pseudo-precocious puberty and precocious virilisation, with suppression of the testes. In girls the external genitalia are masculinised with enlargement of the clitoris and fusion of the labio-scrotal folds. The main decision to be made in addition to cortisol substitution is to reduce the external masculinization of affected girls by appropriate surgery. I have treated a family of three girls all with the same recessively inherited condition, and their behaviour covered the whole spectrum from tomboy to ultra-feminine.

The crude folly of encouraging transgenderism

Bearing such genuine intersexual disorders in mind we should now look again at the attitudes of transgender advocates, and recognise that for physically normal children and their physical differences, it is dangerous to read too much into their declared attitudes to gender preference and simple curiosity as prepubertal children. Every child and adolescent in some way is confronted with an element of narcissism, perceiving their own body as beautiful, while admiring the opposite and/or the same in others. Some grow as adults with various degrees of gender mis-identity. The line should be absolutely drawn at adults, under the guise of education, to force developing children to undergo forms of partial and irreversible physical gender change with hormones and surgery, for which even in adults the barriers should be set extremely high. Instead there is a very worrying trend driven by some fanatical educationalists to take away the responsibilities of normal parents and hyper-sexualise children, sowing doubts

⁴¹ <https://www.mayoclinic.org/diseases-conditions/congenital-adrenal-hyperplasia/symptoms-causes/syc-20355205>

about their biological gender, which is the one that will later let them reproduce.

Vitamin D3 and its unique origin, structure and importance

A general biological principle is that hormones communicate by acting on specific 'target' glands and have particular specialist roles, which they execute through binding to and activating unique receptors. As we have seen, for testosterone, estradiol and progesterone, their role is propagation of the species. For Vitamin D, its roles can be thought of as concerning all aspects of a flexible response to outside threat and so conservation of the species. The active form of Vitamin D ($1,25(\text{OH})_2\text{D}$) was first discovered to have a central role as a whole-body hormone, in conjunction with the parathyroid glands, used for the control of the ionised calcium level in the blood^{42 43}. But it is important to realise that most of these hormonal systems are integral to the mystery of all forms of animal life. The Vitamin D defensive control system, for example, first evolved in less complex animal organisms, such as the Lamprey⁴⁴, a jaw-less fish with a cartilaginous (bone-free) skeleton. And when the need for a mineralised skeleton developed, Nature worked out ways of using and adapting previously existing ubiquely flexible compounds and systems.

What is Vitamin D3 and how is it formed?

Among steroids and sterols, Vitamin D3 (cholecalciferol) is unique in many ways. (There is, incidentally no D1; and Vita-

⁴² <https://pubmed.ncbi.nlm.nih.gov/30252281/>

⁴³ <https://en.wikipedia.org/wiki/Calcitriol>

⁴⁴ <https://en.wikipedia.org/wiki/Lamprey>

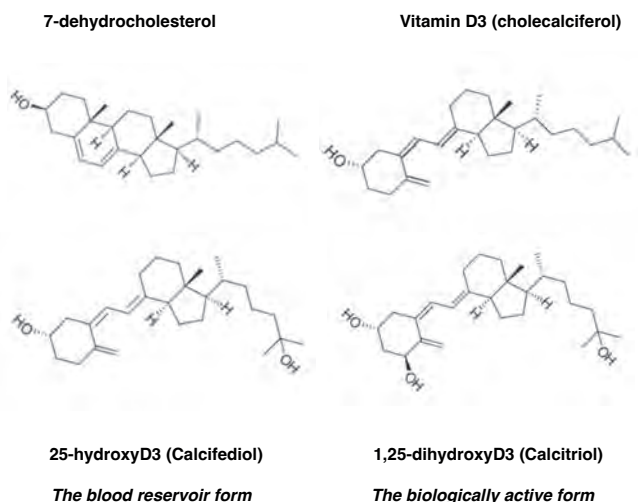


Figure 2(4). *Chicken-wire carbon ring structures of D3 precursor, 7-dehydro-cholesterol; Vitamin D3, formed by action of UVB on the B ring and thermic unfolding; 25-OHD3 (enzyme action in liver); and 1,25-OH₂D3, the active target form.*

min D2, ergocalciferol, is similar in structure but produced by fungi, also under the action of UV light). Cholecalciferol (D3) is produced by algae, and also by many plants⁴⁵ although its functions in plants are less clear than those in animals. In the human Vitamin D story, D2 is essentially a minor and unpredictable dietary diversion, which can act as a poor substitute for the real thing. One unique feature of D3 is that it is produced from its precursor, 7-dehydrocholesterol, only by the action of ultraviolet light (UVB of wavelength 290 to 315 nanometres) in deeper layers of the skin. This cleaves the B ring, and then a heat-dependent process leads to isomerisation (unfolding) of pre-D3, to form D3 itself. Vitamin D3 (cholecalciferol) is fat-soluble and biologically inactive. It is absorbed into the bloodstream, to

⁴⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651966/>

be converted in the liver enzymatically to the 25-hydroxy form (25(OH)D, or calcifediol), which is the body's main reservoir/storage form. The location of this reservoir is the blood plasma, where it is largely bound to a specific high-affinity binding protein, DBP⁴⁶ (Some D3 is also stored before 25-hydroxylation in fat, so obese individuals need higher supplementation to achieve the normal blood level of 25(OH)D). The level of 25(OH)D is measured in the Vitamin D assay, the yardstick needed to judge D-deficiency or various levels of adequacy, and to detect very rare cases of toxic excess⁴⁷. 25(OH)D, the universal reservoir form, is basically inactive. However, under specific stimuli, in specific tissue cell types, it is hydroxylated in the 1-position to form the biologically-active form, 1,25(OH)₂D (calcitriol). This includes cells of the immune system.

Vitamin D as a hormone for blood calcium and skeletal control

The most obvious role of calcitriol in Man is as part of the hormonal control system for ionised calcium in the blood, via calcium absorption from the gut, and the normal development of bones. In this system, the parathyroid glands in the neck monitor the blood ionised calcium level, and secrete PTH in proportion to need, should the Ca level fall; PTH acts on surface receptors in the kidney tubules to induce the enzyme one alpha hydroxylase, and so produce and secrete the product 1,25(OH)₂D (calcitriol) into the blood⁴⁸. This in turn is more water soluble, and travels to act on Vitamin D receptors (VDR) located in the upper intestine, where it promotes absorption of calcium and phosphate

⁴⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6965021/>

⁴⁷ <https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/expert-answers/vitamin-d-toxicity/faq-20058108>

⁴⁸ https://en.wikipedia.org/wiki/Parathyroid_gland

from food. The same applies to the bone-resorbing cells. The rise in serum calcium switches off the parathyroid glands which then reduce their secretion of PTH. This forms a classical negative feedback loop, designed to control within narrow limits the blood ionised calcium level.

Calcitriol in blood has a short half-life, and forms part of a vital and well-balanced control system. But this is only one of its many functions, all of which seem to involve some form of adaptive response to external threat. It is a grave error to believe that just because this is the most obvious of the functions of Vitamin D, it is the only, or even its most important one! Yet that is the position supported by Britain's *Medicine-by-Numbers* 'NICE' System, and encouraged by many endocrinologists⁴⁹. We consider in a later chapter how the activated form of Vitamin D acts on Vitamin D receptors to switch on a whole host of genes, especially also in the innate natural immune system, whose job is to protect against outside attack and injury.

The renin-angiotensin system (RAS)

Classical endocrine understanding of this system arose through the observation that kidney disease led to high blood pressure, the same phenomenon being repeated in animals with experimental constriction of the renal arteries⁵⁰. Eventually an enzyme, renin, was found to come from the kidneys and act on a protein of liver origin, called angiotensinogen, to form the decapeptide angiotensin I; in the blood this in turn was acted on by angiotensin converting enzyme (ACE) coming from the lungs, to form the blood-pressure raising octapeptide angiotensin 2, which *inter alia* also stimulates release of a salt-retaining hormone, aldoste-

⁴⁹ <https://www.nice.org.uk/guidance/ph56>

⁵⁰ <https://journals.physiology.org/doi/full/10.1152/physiologyonline.1998.13.4.170>

rone from the adrenal cortex. These discoveries formed a rich vein for drug development by Big Pharma, for example for the treatment of high blood pressure, first with ACE inhibitors like captopril and enalapril, and then with angiotensin 2 blockers such as losartan.

Angiotensin2 (ACE2) and the RAS as a Yin-Yang System

Remarkably, it was only 21 years ago that a second enzyme in this system, a zinc metallo-proteinase designated ACE2, was found that counterbalances the above classical RAS system⁵¹. The primary action of ACE2 is to convert the above-mentioned vasoconstrictor octapeptide angiotensin 2, by removing one more aminoacid, to yield the blood pressure lowering septapeptide Ang1-7, which in turn activates a proto-oncogene receptor called Mas1⁵². Thus there are two opposing pathways in the renin-angiotensin system, controlled by two surface enzyme-receptors. The classical one is designated the *ACE/angiotensin2/AT1R* pathway and the second one the *ACE2/Ang1-7/Mas1* pathway. The former is vasoconstrictive, hypertensive and pro-inflammatory, and the latter vasodilatory, hypotensive and anti-inflammatory. In addition ACE2 also has many other actions. Both ACE and ACE2 are found on the surface membranes of many cells, but can also be shed into the circulation, a process that is enhanced by Vitamin D⁵³. It is increasingly clear that Vitamin D, activated locally to form 1,25(OH)₂D, favours the anti-inflammatory pathway. Vitamin D deficiency, on the other hand favours the pro-inflammatory pathway and its attendant cytokines such as IFN α , TNF α , and Interleukins 1 and 6; while the anti-inflammatory pathway involves other interleukins such as IL10 and TGF- β .

⁵¹<https://www.ahajournals.org/doi/full/10.1161/circresaha.113.301271>

⁵²<https://www.ncbi.nlm.nih.gov/gene/4142>

⁵³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8774087>

ACE-2, Vitamin D3, and partial viral and human killer life-forms

The important thing for this book and the present arguments, is to appreciate that scientists are scratching at the surface of an absolutely unique Vitamin D-dependent adaptive system, that has evolved over hundreds of millions of years to lead to selection of the apparent fittest and elimination of the apparently less fit. This has happened to cope with all sorts of unexpected and extreme conditions. And an absolutely central issue is the occurrence and control of the ACE2 receptor in many tissues and organs, for reasons that differ between the sexes, with their unique reproductive roles in the conception, formation, development, birth, and survival of the next generation. This receptor is the main one being exploited by partial viral, and partial human killer life forms. The latter go by the names of Big Pharma, Big Money and Big Business. We will show how this is to be settled by a battle to the death between those that care for the future of our unique planet and species, and others that care only for themselves and their short-term greed. Their **so-called Great Reset** involves a fundamental denial of basic biology.

Vulnerability of cell surface receptors to viral attack

Obviously, a partial life form like a coronavirus can only continue to exist if it can reproduce itself. To do so it needs more complex life forms, with their more ambitious separate lives. Its first problem is to get access to the 'mother ship', which it has to do by 'docking' with a cell surface receptor, like an ACE-2 receptor on a cell membrane exposed to the outside world. Nature is always economical, and Vitamin D is central to defence against outside attack. But before we look at this further we need to take a diversion into the origins and nature of a novel virus, designated as SARS-CoV-2.

CHAPTER 3

IS SARS-COV2 A WHOLLY NATURAL OR A LAB-MANIPULATED VIRUS?

Back to Coronaviruses and how they work

As we have already said, coronaviruses are single-stranded RNA viruses. Each coronavirus virion consists of a long (30,000 base) single positive strand of RNA, enveloped in a membrane that contains many copies of proteins necessary for it to infect cells⁵⁴. These include the spike protein on its surface that binds to the widespread cell membrane ACE2 receptor. Obviously the greater the number of spike proteins on the surface of the virion, the more infective it is, since the more likely it is to bind to a receptor. However, it is not sufficient for the virus to merely bind to the receptor, something it does through the receptor binding domain (RBD) of its S1 component. It needs then to use an enzyme made by the host cell to break the link to S2, so that it can fuse with the cell membrane, and empty the contents of the virion into the cell and infect it. We will see that this process is particularly effective in the case of SARS-CoV-2, because a 12-base segment codes for four particular amino-acids, found between S1 and S2.

⁵⁴<https://en.wikipedia.org/wiki/SARS-CoV-2>

Once inside the cell, the normal cell machinery of ribosomes ‘reads’ or decodes the virus RNA, to make more specific proteins to reconstitute the virus structure, as well as to export the large numbers of newly made virions out of the cells and the organism into the surrounding world, to infect other susceptible cells locally, and of course other susceptible people.



Figure 3(1). *Front cover of the best-selling book, by Prof Joseph Tritto, Cantagalli, 2020 (ISBN 97888-6879-890-1) on the origins of the SARS-CoV-2 virus Chimera.*

What is known about Coronavirus SARS-CoV-2 (cause of Covid-19)?

The excellent book *'Cina Covid-19, la chimera che ha cambiato il mondo'*⁵⁵, by Professor Joseph Tritto is unfortunately so far only published in Italian; however he has also been kind enough to give us the English translation. To quote from Tritto: *'a great deal of evidence suggests that SARS-CoV-2 is a chimera of an ancestral bat viral strain (RaTG13), of which the S protein (spike) of the RBM (Receptor-Binding-Motif) was replaced by the RBM of the MP789 pangolin coronavirus strain (pangolin-19). We may also observe a special short sequence coding for 4 amino-acids, which creates a furin cleavage site, (located between S1 and S2), which significantly expands the 'repertoire' of the virus in terms of penetrating the cell'.....* He wryly adds: *'If, considering what happened and, as many have claimed, SARS-CoV-2 is the result of a natural (re-) combination, we would be forced to conclude that the bat and the pangolin had joined forces to eliminate the human race, borrowing the furin cleavage insert from another unknown creature, most likely a human being.'* A further unique feature of this virus is a cluster of four amino acids that are derived from the retrovirus HIV1.

Tritto's book is a veritable gold-mine of information, in which he makes an exceptionally strong scientific case that SARS-CoV-2 is indeed a laboratory construct, a chimera with the backbone of a bat coronavirus, officially designated *RaTG13*. This virus had been isolated in China from a horseshoe bat (*Rhinolophus affinis*), in 2013, by the Wuhan research team, but announced in a publication only in February 2020, by which time the pandemic was well under way. Biologically it is extremely improbable that bats come into contact with the well armoured-plated, ant-eating and edentulous pangolin, and an intermediate host also seems improbable. We discuss in more detail in

⁵⁵<https://www.goodreads.com/book/show/54700747-cina-covid-19-la-chimera-che-ha-cambiato-il-mondo>

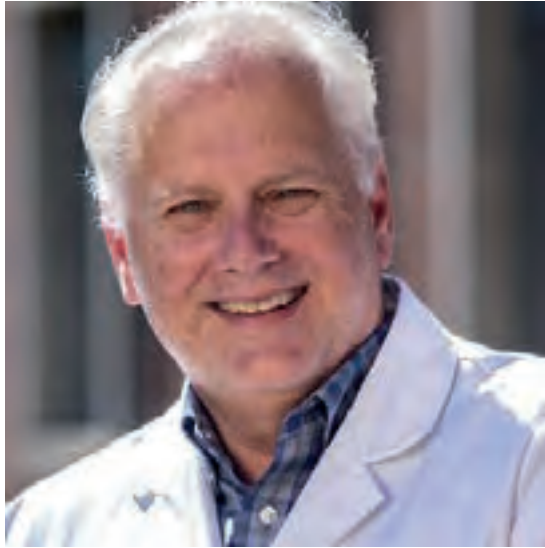


Figure 3(2) *Prof Ralph S Baric PhD, University of North Carolina*

Chapter 14 why both bats and pangolins harbour many RNA viruses. Apparently, the spike protein of *RaTG13* does not bind to the human ACE2 receptor, but Professor Shi Zheng-Li, head of the Wuhan Level 4 Virus laboratory, has documented that in contrast the spike protein of the pangolin coronavirus is a very good fit⁵⁶. It is documented by the Wuhan team that they isolated a coronavirus from a sick pangolin, one of a group illegally imported from Malaysia to Wuhan in 2018 or early 2019. In contrast to *RaTG13*, the coronavirus isolated from the pangolin, labelled MP789, was found to bind with high affinity to ACE2 receptors in tissue culture, but did not apparently kill the cells. For this it was necessary for S1 to be cleaved from S2.

⁵⁶<https://www.counterpunch.org/2021/08/05/phylogeographic-mapping-of-newly-discovered-coronaviruses-pinpoints-the-direct-progenitor-of-sars-cov-2-as-originating-from-mojiang-china/>

Professor Tritto again...*'as early as 2017, the Shi Zheng-Li group was already working on the creation of coronavirus recombinants. In 2017, eight new coronavirus chimeras had already been created with different RBMs at the Institute of Virology in Wuhan, with the (apparent) aim of finding a solution to the earlier SARS epidemic'*. Central to such research is what is now commonplace recombinant DNA technology, by which a mutation can be introduced anywhere in the DNA of a viral genome, which is inserted in a circular bacterial DNA plasmid. Using the enzyme reverse transcriptase, to make a DNA working copy, the same can be applied to RNA viruses. With its double helical structure, DNA is inherently much more stable than RNA, and applying the so-called CRISPR techniques can be cut and spliced at will. Ralph Baric, virologist in the University of North Carolina, with whom Shi Zheng-Li has worked extensively, is described as the *guru* of coronavirus research, and has long engaged in potentially highly dangerous molecular biology techniques, most notably 'Gain of Function' research.

What is 'Gain of Function' (GoF) research?

The generally stated idea of GoF research is to manipulate a particular virus by deliberately changing its structure, in order to increase its infectivity for human cell cultures *in vitro*, and therefore to increase its pathogenicity *in vivo*. The tortuous and dangerous logic is that by doing so the researcher will learn more about how the virus works, and so how to neutralise its effects should it, or one like it, ever escape. You therefore deliberately change a virus that was previously harmless, into one that is abnormally infectious, in order to work out how to bring it under control should you ever need to do so! Those who believe in and practice this are like small boys playing with fire; they include Eco-Health Alliance Director Peter Daszak; and Wuhan's Dr Shi Zheng-Li.



Figure 3(3) *Dr Peter Daszak, Director of Eco-Health Alliance*



Figure 3(4) *Dr Shi Zheng-Li, Director of Emerging Infectious Diseases, Wuhan Institute of Virology*

The coronavirus SARS-CoV-2 has a genome of some 30 kilobases (30,000 bases), of which 12 to 13% code for the spike protein, which attaches the viral particle to cell surface ACE2 receptors. Tritto argues that such manipulation is intrinsically dangerous, and that this is clearly illustrated by the illness caused by the SARS-CoV-2, designated by the WHO as Covid-19. Such a danger was envisaged when on October 17th 2014 during his second administration, President Obama put a ban on Gain of Function research being funded by the National Institutes of Health (NIH) and conducted in the USA⁵⁷ This opened the way for researchers including Ralph Baric to conduct collaborative work in Wuhan, despite the fact that China is still not a signatory to the International Treaty on biological weapons. Nor, come to that, is the USA. From the scientific publications of Shi Zheng-Li and her research group, Tritto says *‘the researchers do not justify the use of GOF methodology in their research’*. Biology, pathogenicity, and virulence of the viruses used and created are unknown, and traceability markers for viral species and strains were not devised, nor were specific antibodies raised in order to neutralise the RBM, RBD, or to prevent cleavage.

Anthony Fauci ignores a presidential edict in October 2014

The National Institutes of Health (NIH) in the USA works closely with another and more recent US National Institution, the National Institute of Allergic and Infectious Diseases (NIAID). ‘Nineteen eighty four’ is the title of George Orwell’s chilling novel of a nightmare world of Big Brother, surveillance and thought control. Ironically it is also the year in which the then 44-year old⁵⁸ medical biologist Dr Anthony Fauci became di-

⁵⁷<https://obamawhitehouse.archives.gov/blog/2014/10/17/doing-diligence-assess-risks-and-benefits-life-sciences-gain-function-research>

⁵⁸ By another Orwellian coincidence, 44 (四+四) spoken in Chinese means ‘dead,

rector of the NIAID, a role he has filled ever since, under no less than seven US presidents (Reagan, Bush1, Clinton, Bush 2, Obama, Trump and now Biden). He was born a mere 3 weeks after the main author (DCA), and one might think it was now high time for him also to retire, with his name now on an impressive 1,300 scientific publications! In fact as we write, he has



Figure 3(5) *A saintly-looking Anthony Fauci. But can looks be misleading? 'By their deeds shall ye know them' (Matthew 7:16)*

just done so. But, partly no doubt because he takes 6,000 Units of Vitamin D per day,⁵⁹ he seems set to go for some time, and

extremely dead!

⁵⁹<https://vitamindwiki.com/Dr.+Fauci+takes+6%2C000+IU+of+Vitamin+D+-daily+%E2%80%93+Sept+2020>

has been widely adulated by the public for his role in managing Covid-19. Others who know him better, are less sure⁶⁰.

Dr Fauci is a self-confessed and unapologetic advocate of GoF research, and when it was suspended by Obama he used a loophole to channel funds originally granted to Ralph Baric in North Carolina, to the Pentagon-funded Eco-Health Alliance, under the direction of the British virologist Peter Daszak. The latter in turn promptly diverted the research to be undertaken and the relevant funds, to Professor Shi Zheng-Li in Wuhan⁶¹. And we are talking about \$2.3 million over 3 years. In Fauci's redacted emails sent to Congress, we find the following example of exaggerated sycophancy by Daszak which may suggest that Fauci lies right at the centre of the Covid-19 disaster... *'I just wanted to say a personal thank you on behalf of our staff and collaborators, for publicly standing up and stating that the scientific evidence supports a natural origin for COVID-19 from a bat-to-human spillover, not a lab release from the Wuhan Institute of Virology. From my perspective, your comments are brave, and coming from your trusted voice, will help dispel the myths being spun around the virus' origins. Once this pandemic is over I look forward to thanking you in person and to let you know how important your comments are to us all. Cheers, Peter!*⁶². It must be hard to be more sycophantically ingratiating than that!

Incriminating evidence – the 12-base Furin insert between S 1 & 2

We have described above how S1 of the spike protein of the pangolin coronavirus MP789 was found to bind well to the ACE2

⁶⁰<https://www.imdb.com/title/tt22644112/>

⁶¹<https://www.msn.com/en-gb/health/other/excl-peter-daszak-given-6-5m-since-ties-to-china-revealed/ar-AA12yybu>

⁶²<https://theintercept.com/2022/01/12/covid-origins-fauci-redacted-emails/>

receptor, but failed to get into the cells, and therefore failed to kill them. There is a revealing short paper by the virologist Kristian Andersen, that was published as a letter in the erstwhile prestigious journal *Nature* in February 2020⁶³. And this gives the sequence of this 12-base insert, between S1 and S2, showing that it codes for four basic amino acids designated PRRA, forming the enzymatic cleavage site of a normal and widespread human proteolytic enzyme, furin. The redacted transcripts of Fauci emails indicate that pressure was put on Andersen to say the lab manipulation was highly improbable. He duly complied.

A further smoking gun? Human, not virus, codons used for arginine

We have already explained that viruses must use the cell's usual machinery in order to propagate themselves. We need here to take a small but important diversion into codons, which is the name for the triplets of bases that code for the twenty amino-acids. There are 64 possibilities, and so, even allowing for three 'stop codons', there is considerable redundancy. But particular species favour certain codons over others⁶⁴. For the basic amino-acid arginine, three of the codons favoured by the human species are CGT, CGA and CGG, and these are likely to have been used if the Furin binding site was lab-made. Of these the CGG triplet is the codon for arginine that is favoured in the human genome, and by human virologists, and two such codons (-CGG-CGG-) are found side by side in the 12-base (PRRA) sequence between S1 and S2. In the rest of the viral RNA of SARs-CoV-2, no other codons for arginine are CGG⁶⁵.

⁶³<https://www.nature.com/articles/S41591-020-0820-9>

⁶⁴<https://www.sciencedirect.com/topics/medicine-and-dentistry/codon-usage>

⁶⁵<https://nicholaswade.medium.com/origin-of-covid-following-the-clues-6f03564c038>

Occam's Razor - the simplest explanation is usually correct

One particular danger from this is that Furin exists both outside and inside the cells. It is true that coronaviruses, being single-stranded RNA viruses, are constantly mutating, as a function of the size and severity of the infection. But most of these mutations do not even alter the protein product they code for (because of codon redundancy). For 12 new bases to appear by chance in a critical position, and that happen to code for 4 amino-acids that are perfect for Furin, whose function is to cleave natural human proteins, is surely highly suspicious? Furthermore, using a codon that is perfect for the job, and rarely occurs in coronaviruses, is clearly one of the most incriminating pointers to a human 'gain of function' break-in. Occam's razor states that the simplest solution is usually the correct one, and that we shouldn't multiply uncertainties.

So let us revert to Fauci's redacted Congress-submitted Emails. This is what Kristian Andersen wrote to Anthony Fauci before the final version was sent to and accepted by Nature Medicine... *'The unusual features of the virus make up a really small part of the genome (<0.1%) so one has to look really closely at all the sequences to see that some of the features (potentially) look engineered... I should mention that after discussions earlier today, **Eddie, Bob, Mike, and myself all find the genome inconsistent with expectations from evolutionary theory** (emphasis added). But we have to look at this much more closely and there are still further analyses to be done, so those opinions could still change. Best, Kristian.'*

In the final published paper he writes... *'Although the evidence shows that SARS-CoV-2 is not a purposefully manipulated virus, it is currently impossible to prove or disprove the other theories of its origin described here'....* So maybe it is the explanation, rather than the virus, that has been manipulated!

So what really happened in Wuhan?

We conclude that the researchers in Wuhan, working under contract from the USA to enhance pathogenicity for humans (which is what GoF means in simple terms), were not specifically trying to prevent or fight diseases such as SARS-1, but rather to gain prestige among their colleagues in their esoteric and complex specialist field. Is it possible that some individuals were indeed actually seeking danger, as this is a well-recognised psychological phenomenon?⁶⁶ Joseph Tritto points to another related feature that anyone who has been engaged in research will recognise, namely professional competition for prestige between former colleagues, in the compelling wish to ‘get there first’. He refers to Ralph S Baric as the *Guru* in the coronavirus field, whose help was sought by and provided for budding scientists from many countries including France, the UK, Japan and China. And he also comes up with the astonishing but unsurprising fact that the Institute of Virology in Wuhan also doubles up as physical site for Chinese Government research on virological warfare. Indeed, immediately after the outbreak of the pandemic, control of the laboratory was wrested from Prof Shi Zheng-Li and put under the direct control of China’s Bioweapons Department⁶⁷.

Before considering these issues further, we need to return to the question of Global Vitamin D deficiency, and the central role of Vitamin D in protection of ourselves, and doubtless all vertebrates, and complex animal life-forms against outside threats of all kinds.

⁶⁶<https://www.psychologytoday.com/us/blog/the-main-ingredient/201207/seeking-danger-find-sense-life>

⁶⁷<https://besacenter.org/too-many-coincidences-the-likelihood-that-a-lab-leak-in-wuhan-led-to-the-covid-19-outbreak/>

CHAPTER 4

THE MULTIPLE ROLES OF VITAMIN D IN SUSTAINING BODY INTEGRITY

How Vitamin D fits into the functions of sterols and steroid hormones.

To recap from Chapter 2, steroids and sterols have been naturally selected for animal life on this unique living Planet Earth, for widespread roles in securing the health and survival of most animal species. Most of them share a ‘chicken-wire’ structure of four interlocking carbon rings, three of them six-membered, and one five-membered, with a tail of variable length. The simplest sterol, cholesterol, is a vital component of the lipid bilayer of cell membranes. It interacts with the fatty acid tails of phospholipids to moderate the properties of cell membranes, immobilising their outer surface, and so reducing their fluidity. Cholesterol makes the membrane less permeable to very small water-soluble molecules that would otherwise freely travel across. One end of the molecule has a hydroxyl group, and so is water-soluble, while the rest of the molecule is non-polar (lipid soluble) and repels water⁶⁸.

⁶⁸<https://1library.net/article/effect-cholesterol-permeability-results-discussion.q0v2mggz>

Other sterols, produced from cholesterol, have developed specific functions which depend on traveling in the blood to bind to and activate specific receptor molecules in 'target tissues'. We have seen how testosterone, estradiol, and progesterone have important roles in sex differentiation and reproduction of the species (see chapter 2). While cortisol, produced by the adrenal cortex, through its own receptors is important for responses to do with day-night (diurnal) variation, and the response to stress; and aldosterone, also from the adrenal cortex, for sodium and potassium homeostasis. These classical steroid hormones are produced in specialised glands under the control of peptide hormones that act via receptors on the cell surface; and they travel in the blood to distant sites, where they bind to receptors inside target cells, and thereby activate essential functions, without which the species would not survive.

The unique and fragile mechanism of Vitamin D production

Vitamin D₃ is a chicken-wire sterol with a difference; it has a fracture at the 7-position of the original B-ring, and this gives it unique structural flexibility. 7-dehydrocholesterol (7DHC) is the immediate precursor of the natural animal form of cholecalciferol (rather confusingly called a Vitamin (D₃)), and this change can only be made in nature by the action of ultraviolet rays (UVB) from the sun, penetrating to the deeper layers of the skin. This specific narrow band of UV light (290-315 nm) cleaves in the 7-position. With body heat, the cleaved molecule unfolds (isomerises), and in the process lengthens and achieves unique flexibility to form the immediate precursor, Vitamin D₃. In the other direction 7DHC is the immediate precursor of cholesterol (see Figure 2(3) for formulae).

Once formed in the dermis, Vitamin D₃ binds to protein(s) in blood plasma, is carried to the liver, where, acted upon by one

of three mitochondrial and microsomal enzymes^{69 70}, it receives a second hydroxyl group, in the 25-position. The product 25(OH)D, (calcifediol), is the major storage or reservoir form of Vitamin D, stored mainly in the blood plasma bound to a high affinity binding protein, DBP, and to albumin, which has low affinity but high capacity, and with very little unbound. The half-life of 25(OH)D in blood is around 3 weeks so to maintain an optimal blood level of over 50 ng/ml (125 nmol/l), a constant supply of either sun or supplements is required. This presented a major problem for those of our species when they migrated northwards far from the equator. We will examine later how variations in the genetics of the Vitamin D receptor, and Vitamin D metabolism may be crucial to understanding disease susceptibility, and so to the money-making activities of the pharmaceutical industry.

A brief recap on the discovery of Vitamin D

Let us pause for a second to consider the history of man's discovery of Vitamin D, discussed in detail in our earlier book⁷¹. It came from observations that overcrowding in polluted towns such as Glasgow in Britain during the Industrial Revolution was associated with a bone-deforming disease in children called rickets, (and osteomalacia in adults). This disease was also associated with a high incidence of 'phthisis', or tuberculosis, a bacterial infection caused by *Mycobacterium tuberculosis*. The bone disease was not inevitably linked to poverty, since studies by Hutchison and Shah in Bombay among wealthy Indian women linked rickets and osteomalacia to cultural sun avoidance⁷². Both rickets and tuberculosis responded to exposure to the midday sun,

⁶⁹<https://pubmed.ncbi.nlm.nih.gov/187053/>

⁷⁰<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1149125/>

⁷¹https://www.ypdbooks.com/794_dr-david-c-anderson-and-dr-david-s-grimes

⁷² Hutchison HS, Shah SJ. *The aetiology of rickets, early and late*. Quarterly Journal of Medicine, 1922. 15: 167-194

and later to ‘heliotherapy’, with ultraviolet lamps. And the third Nobel prize for Medicine (in 1903) was awarded to the Danish physician Niels Finsen for curing tuberculosis of the skin by heliotherapy⁷³.



Fig 4(1) *Niels Ryberg Finsen, winner of 1903 Nobel Prize for Medicine*

The relevant substance was also found to be abundant in fish, which get it from eating surface plankton; and during our childhood, we were given a daily spoonful of cod liver oil to boost our Vitamin D levels (5ml contains 400IU). In Hemingway’s 1951 classic *‘The Old Man and the Sea’* we read that... *‘He also drank a cup of shark liver oil each day from the big drum in the shack... Most fishermen hated it, but it was no worse than getting up at the hours*

⁷³https://en.wikipedia.org/wiki/Niels_Ryberg_Finsen

that they rose and it was very good against all colds and gripes and it was good for the eyes’.

It was not until the 1960’s and 1970’s that the body’s circulating reservoir storage form (25(OH)D, or calcifediol) and its biologically activated form (1,25(OH)₂D), or calcitriol), were discovered. This happened through studies of chronic kidney disease, and its attendant disorders of blood calcium and phosphorus control, and discovery of the calcium-controlling function of the parathyroid glands in the neck. These monitor the ionised calcium level in the blood, and secrete their polypeptide hormone, PTH, which acts on the cells of the renal tubules to make and secrete calcitriol into the bloodstream. Hydroxyl groups confer water solubility, and secreted calcitriol acts as a water-soluble hormone on the cells of the small bowel and on the bones. Thus, acting through the 1,25(OH)₂D receptor (VDR) at distant sites, it promotes transport of calcium across the gut cells and from stores in bone; the ionised calcium level rises, and PTH secretion is suppressed. In fact, it appears that during the course of evolution blood calcium control in this way hijacked an older local Vitamin D-dependent self-protection mechanism.

Ubiquitous non-endocrine roles of activated Vitamin D3

Over our lifetimes there have been enormous advances in understanding the roles and mechanisms of action of Vitamin D, but the fact that the first to be discovered was its most obvious and the most greedy, seems in the eyes of many to have obscured other local needs of cells and systems; for such actions must occur below the ‘endocrine radar’. Nature, especially when it concerns unique natural substances such as this very special activated sterol, is very economical. It is now known that Vitamin D receptors are found in nearly every cell type in the body⁷⁴,

⁷⁴<https://pubmed.ncbi.nlm.nih.gov/21197695/>

and that most contain the enzyme CYP27B1, also known as 1 α -hydroxylase, that converts 25(OH)D to the biologically-active form calcitriol. Nature will always modify an existing system rather than devise a new one, but it follows that the local formation of calcitriol for local use in immunocytes in response to viral or bacterial infection, has to be followed by its destruction. This is achieved by the enzyme 24-hydroxylase, and in granulomatous diseases such as sarcoidosis, such local destruction of 1,25(OH)₂D sometimes fails and it spills into the bloodstream causing hypercalcaemia^{75 76}. It is, however, completely illogical to base estimated needs of Vitamin D on those of the (greediest) PTH-driven endocrine system. Furthermore, it is to be expected that infection, be it viral or bacterial, will accelerate local destruction of 1,25(OH)₂D, and progressively reduce blood stores of 25OHD. The same must equally apply to all forms of vaccination and pseudo-vaccination.

Human migration out of Africa, brought inevitable Vitamin D deficiency

Our species first evolved in equatorial Africa, where the midday sun is always high in the sky, daytime temperatures are warm, and so clothing was scanty and ultraviolet (UVB) irradiation plentiful. So there, the major problem was not a potential lack of Vitamin D, but rather sunburn, and maybe potential Vitamin D toxicity. Protection against the latter probably accounts for the

⁷⁵<https://academic.oup.com/qjmed/article-abstract/53/2/165/1574600?redirectedFrom=fulltext&login=false>

⁷⁶<https://pubmed.ncbi.nlm.nih.gov/12233075/#:~:text=Parathyroid%20hormone%20related%20protein%20may%20also%20contribute%20to,and%20reducing%20overproduction%20of%201%20alpha%2C%2025%20%28OH%292D3>

finding that 24 hydroxylation of Vitamin D metabolites is more active among South African Blacks than whites⁷⁷.

Melanin is a natural sunblock. As some people migrated northwards out of Africa to the enormous Eurasian Continent, where more than two thirds of Earth's landmass is to be found, the seasons would have become progressively more extreme, and Vitamin D deficiency an inevitable occurrence in winter. We can surmise that individuals with lighter- coloured skin survived better, as their genes and favourable mutations in them improved survival. It is likely that this was linked to better formation of Vitamin D, with consequent better natural immunity.

The constant threat of Vitamin D deficiency to Modern Man

We will now examine the reasons behind the almost ubiquitous global Vitamin D deficiency in the modern world, and its role in the Covid-19 disaster. It is obvious that numerous seasonal, geographic, racial, cultural and religious factors all interact to mean that Vitamin D deficiency is found everywhere and anywhere⁷⁸. Obviously as Man moved north, and solar exposure diminished to zero over winter, clothing was needed to stay warm, and forms of shelter were developed. Summers were longer, and hotter. We have no certainty as to what selected for individuals with lighter skin colour; but as with seasonal flu and colds, the current coronavirus pandemic is strong testimony to the role in this of sustaining a strong immune response to any virus, bacterium or other newly encountered organism.

⁷⁷<https://pubmed.ncbi.nlm.nih.gov/23805323/>

⁷⁸<https://pubmed.ncbi.nlm.nih.gov/18400738/>

Some important additional factors selecting for Vitamin D3-deficiency.

We have seen massive evidence of trade in human beings, epitomised by slavery, by which many were wrenched out of Africa against their will, putting large numbers of genetic Africans suddenly in places for which they were not climatically adapted. For any given level of solar UVB exposure, dark skin is much less efficient than lighter skin, because melanin is an efficient sun-block⁷⁹. Another important factor is industrialisation and urban pollution, which is a highly effective filter of whatever little sun reaches ground level. Then we have an effect of religious extremism, as epitomised by encasing women in the full Hajib.

Ubiquitous global deficiency of Vitamin D

We have argued strongly that there are a multitude of reasons behind the global epidemic of human Vitamin D deficiency, and that this is a major factor in the disease called Covid-19. The puzzle is why those in authority continue to persist in ignoring the obvious, and obstinately refuse to address the issue. To recap, the reasons for ubiquitous global D-deficiency include the following.

1. **Seasonality.** To make Vitamin D3 ourselves, we need enough skin to be exposed to enough ultraviolet B radiation (290 to 315 nanometres wavelength) by full summer sunshine, to physically break the double bond of 7-dehydrocholesterol. (7DHC). UVB light radiation only penetrates to ground level when the sun is high overhead. It is therefore a seasonal

⁷⁹<https://www.healthbyprinciple.com/blogs/news/are-vitamin-d-levels-affected-by-dark-skin#:~:text=Overall%2C%20skin%20color%20affects%20the%20way%20in%20which,order%20to%20reach%20sufficient%20levels%20of%20vitamin%20D.>

rarity where most of us live, well away from the equator; even 45 degrees north in Italy it is only made for the sunniest eight months a year. And the first two of those are too cold for sunbathing!

2. **Skin Colour.** Melanin is able to filter out most UV light from the deeper layers where the cells are dividing. This puts darker-skinned humans at progressive risk the further from the equator they now live. This obvious fact is studiously ignored, something that in Britain and the US seems to appeal both to traditional white racism and to the political emphasis on racial discrimination and insitutionalised impoverishment.
3. **Atmospheric pollution.** This is universal in most industrialised cities, where most now live and work. It is no coincidence that SARS-CoV-2 emerged in Wuhan, one of China's most polluted cities, and then was transferred to Bergamo, one of Europe's.
4. **Indoor living and clothing.** These block out all UV light, whenever there is any sunlight out of doors.
5. **Religious rules.** To pick on two obvious examples, we have the Wahabi Muslim tradition of totally covering women outside with the Hijab; and the Catholic Church's of covering all but the heads of its priests.
6. **Fear of skin cancer and the use of sunblock.** Most people do not realise that Sun Protection Factor (SPF) 50 sunblock filters out 98% of UVB radiation, and SPF 25, 96%. Obsessed with not burning the skin, in the mistaken belief of skin cancer risk, this actually increases the risk of melanoma. Yet the Cancer Council specifically states about sunblock -- 'put it on 20 minutes before you go outdoors and every two hours afterwards. Sunscreen should never be used to extend the time you spend in the sun'⁸⁰.

⁸⁰<https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/about-sunscreen>

7. **Obesity and old age.** The former is because Vitamin D is a fat-soluble substance, so especially during its attempted transit to the liver for 25-hydroxylation it can readily be diverted to fall asleep in adipose tissue. Old age reduces sun exposure, and old skin is less efficient at producing Vitamin D under UV light or at transferring it into the bloodstream when formed. So generally the very obese and the very old are best given the reservoir form, calcifediol, at least in countries such as Italy and Spain where it can be bought over the pharmacy counter.
8. **Misleading medical guidelines.** As evidenced in our earlier book⁸¹, the tendency is that those who produce guidelines are more concerned with following rules than common sense. In the case of Vitamin D there is an almost universal belief in lay medical circles that it is mainly important for calcium, bone, and preventing rickets, for which 400 Units a day is judged to be sufficient; but this is 10 times too low to cover the body's other varied needs. And there is a universal fear of overdosing and so hypercalcaemia, which is virtually impossible with Vitamin D itself or its 25-hydroxy storage form, although very easy with its active metabolite 1,25(OH)₂D.

The net result of the above is that everyone is at some time, and under some circumstances, deficient in Vitamin D, and therefore 25(OH)D, the reservoir form, which has a blood half-life of around 3 weeks. Even a pale-skinned Californian lifeguard living 35 degrees away from the equator will not store enough to cover the winter. And this ignores the ever-increasing evidence that we all have different inherent genetic susceptibilities, which depend in part on variants in the structure of the Vitamin D receptor (VDR) and/or of the enzymes involved in activation and de-activation of Vitamin D.

⁸¹<https://www.amazon.com/Vitamin-D-Deficiency-and-Covid-19/dp/0956213278>

Mechanisms of cellular action; rapid versus gene-activating responses

Another unique feature of Vitamin D concerns its receptors (VDR), which are large and found in a very wide range of cell types. There seem to be two distinct types of effect of the activated 1,25 dihydroxy form of Vitamin D, and work was thoroughly reviewed by the late Anthony W Norman (2006)⁸². He throws light there on the involvement of the Vitamin D receptor (VDR) both in the rapid responses (RR) (within seconds up to an hour) and those involving gene-activation which need translocation into the nucleus and take much longer.

The two types of response involve different conformational shapes of the flexible active metabolite of Vitamin D; the former (RR) ones are much less discussed, but may also be of great importance in cell protection against infections, since they involve interaction with proteins in the caveolae of the plasma membrane, and caveolae are inward-pointing pockets intimately involved with entry of viruses through such receptors as ACE2 and TMPRSS2.

In the latter situations the occupied VDR receptor acts in concert with the retinol (vitamin A) RXR receptor(s), to form a *heterodimer* that moves into the cell's nucleus to act on and activate specific portions of DNA, opening them to transcription into mRNA⁸³. This migrates to the cytoplasm for translation on ribosomes into relevant proteins specific to the functions of that cell and tissue type. In the case of the immune system the key cells are the macrophages, several types of lymphocytes and so-called dendritic cells. We have seen in the course of Covid-19 that we ignore these at our peril.

⁸²<https://pubmed.ncbi.nlm.nih.gov/16946007/>

⁸³<https://pubmed.ncbi.nlm.nih.gov/12481554/>

VDR and Vitamin D Response Elements (VDRE)

All the coded genetic material in chromosomes in the cell nucleus is sequestered into packages called nucleosomes which contain basic proteins called histones, around which the DNA chain is wrapped like string on a spool. These nucleosomes are in turn tightly bundled into fibres called chromatin. This keeps most of the genes inaccessible unless and until they are needed. We have already seen that activated Vitamin D ($1,25(\text{OH})_2\text{D}$), whether formed locally, as in immunocytes, or at a distant site (the renal tubule) driven by PTH to act as a circulating calcium-regulating hormone, binds first to the target cell's cytoplasmic Vitamin D Receptor (VDR). This activated VDR enters the nucleus, binds to the activated retinoic acid (RXR) receptor, and forms a heterodimer with increased affinity to local Vitamin D response elements (VDRE). These are specific sequences of nucleotides in the promoter region of Vitamin D-responsive genes. Binding to the VDRE attracts a complex of protein co-activators to the VDR/RXR complex to span the gap between the VDRE, RNA polymerase II, and other proteins in what is called the initiation complex. Co-activators recruit histone acetyl transferases (HAT) to allow access to relevant chromatin, to 'read' the gene and enable transcription to its corresponding mRNA. This then leaves the nucleus, to be translated on ribosomes into the corresponding protein or proteins. In this way Vitamin D controls the reading of around 1,000 genes (3% of the whole genome), in a whole host of different tissues, provided there is not a shortage of 25OHD . The whole process as applied to monocytes is very fully explored in studies by Koivisto and colleagues⁸⁴.

⁸⁴<https://pubmed.ncbi.nlm.nih.gov/32325790/>

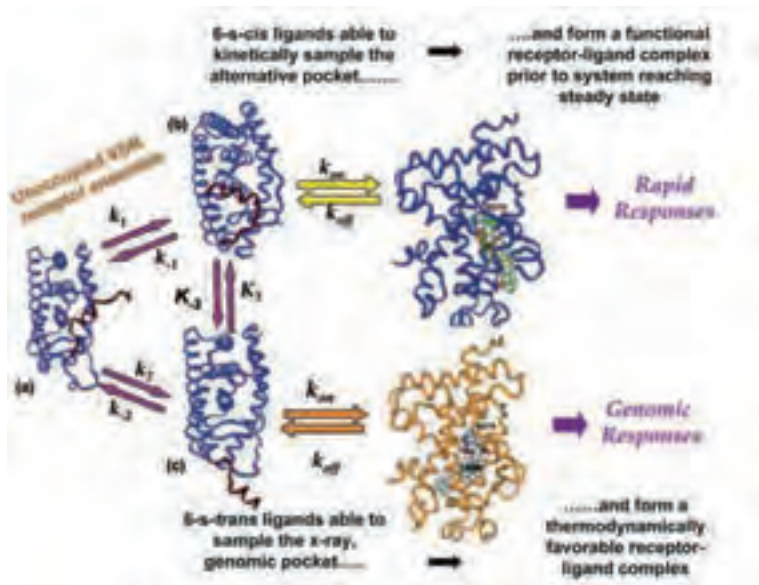


Figure 4(2) Two conformations of $1,25\text{OH}_2\text{D}_3$: *Trans*, (lower) used by VDR when dimerised with RXR, for gene-mediated actions; and *Cis* (upper) for Rapid response actions on VDR attached to caveolae on cell surface. From Norman (83) modified. See also figure 4(3)

Structure of the Immune System

The immune system involves three main classes of cells, The *monocyte/macrophages*; the so-called *dendritic cells*; and the *antigen-presenting cells* and *natural killer cells*. Vitamin D in its activated form not only acts on each of these cell types, but also helps control their differentiation - for example from circulating monocyte to macrophage or different types of dendritic cell. Let us consider these in turn.

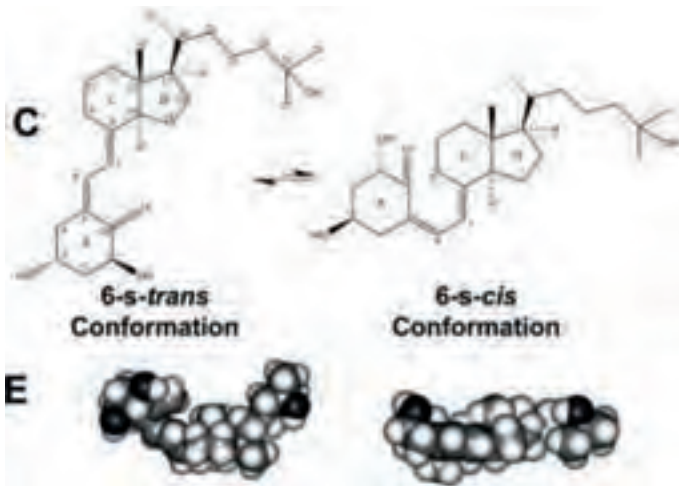


Figure 4(3) *Diagram from Norman (83) modified, to illustrate the two pocket model of 1,25OH₂D₃ actions on VDR. Right (cis) - on VDR attached to calveolae on cell surface, left (trans), in nucleus, where it is stabilised by heterodimerisation with RXR*

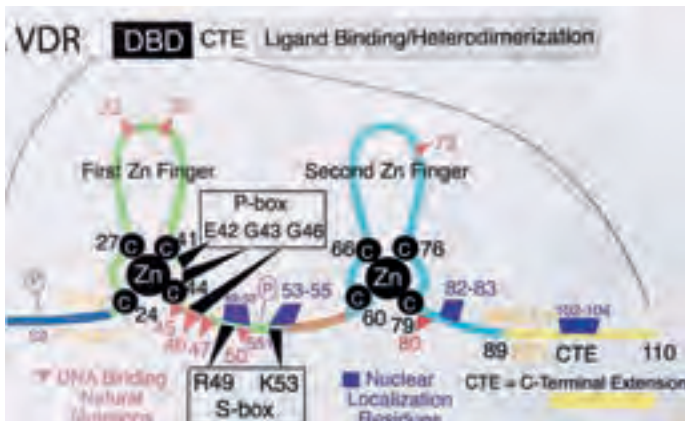


Figure 4(4) *Schematic model of the D₃-binding domain of the VDR, illustrating two Zinc fingers, whereby each of two molecules of Zn⁺⁺ interacts with four cysteines, creating two contiguous zinc fingers, which interact with binding domains on DNA (courtesy Mark Haussler)*

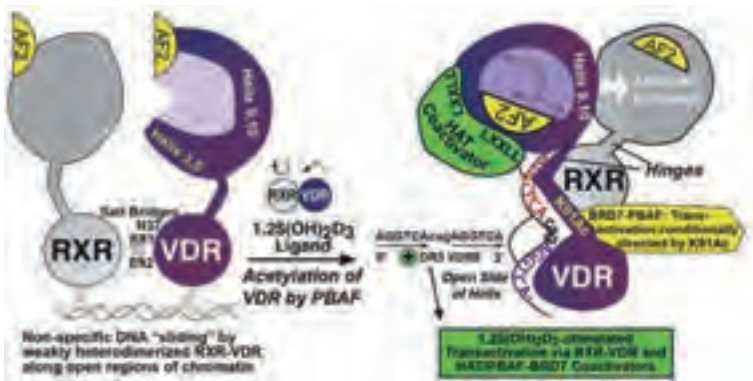


Figure 4(5) A model (courtesy of Prof Mark Hausler: <https://asbmr.onlinelibrary.wiley.com/doi/epdf/10.1002/jbmr.4.10432>) of how the VDR and RXR receptors, with respective ligands, interact to activate response elements, in specific cell types, including those in the immune system. The unique molecular flexibility of activated D3 is clearly central

Monocyte-macrophages & Innate immunity⁸⁵

In the presence of infection, macrophages and monocytes employ pattern recognition receptors (PRRs), which recognise pathogen-associated molecular patterns (PAMPs) and damage-associated molecular patterns (DAMPs). PRRs include so-called Toll-like receptors (TLR), which recognise patterns in ‘enemy’ proteins that are not part of ‘self’. Activation downstream leads to innate immune responses by producing inflammatory cytokines, Interferon gamma (IFN γ) and a range of mediators, and they orchestrate specific adaptive immune responses. They also induce the cytochrome p-450 enzyme 1 α -hydroxylase to make 1,25(OH) $_2$ D (calcitriol), provided there are adequate levels of the precursor 25(OH)D (calcifediol). This acts via VDR/RXR to stimulate production of *defensins* and the *cathe-*

⁸⁵<https://pubmed.ncbi.nlm.nih.gov/31708633/>

licidin LL-37. The latter destabilises bacterial and fungal membranes and also viral envelopes, thereby directly reacting against the hostile invader. LL37 also bonds to the ACE2 receptor and blocks the attachment of the spike protein^{86 87} Another function of macrophage 1,25(OH)₂D is to act on neighbouring lymphocytes that lack the 1-alpha hydroxylase enzyme themselves, (a so-called *paracrine* function).

So 25(OH)D can be activated in three different ways. First, within the same cell, to activate its own VDR for local action (an autocrine action). Second, to act on neighbouring cells that have the VDR, but not 1-alpha-hydroxylase (a paracrine action). And third, in kidney tubules stimulated by PTH, to travel in the blood stream to act on cells at a distant site and promote calcium transport into the blood (a true endocrine action). For these different roles to remain separate, 1,25(OH)₂D wherever it acts must cause its own destruction, which it does through inducing locally via the action of its VDR receptor, the enzyme 24-hydroxylase to form the inactive 1,24,25(OH)₃D.

Dendritic cells⁸⁸

Dendritic cells (DCs) are antigen-presenting cells, with many subcategories, which fall into the classes myeloid (mDC) and plasmacytoid (pDC), and whose main function is to process antigenic material and present it on the cell surface to the T-cells of the immune system. They thus act as messengers between the innate and the adaptive immune systems. By specialising in the recognition of pathogen-associated molecular patterns (PAMPs) they can efficiently induce CD4+ and CD8+ T-cell responses

⁸⁶<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9138798/>

⁸⁷<https://pubmed.ncbi.nlm.nih.gov/33849267/>

⁸⁸<https://www.immunology.org/public-information/bitesized-immunology/cells/dendritic-cells>

against a range of pathogens, as well as interacting with Natural Killer (NK) cells. It is increasingly apparent that there is considerable overlap between macrophages and dendritic cells, which are traditionally defined on the basis of cell surface markers⁸⁹. There is also strong evidence that 1,25(OH)₂D modulates such cellular sub-specialisation through epigenetic effects⁹⁰. It induces antigen-presenting cells to become more tolerogenic, with a consequent decrease in antigen presentation and reduced production of Interleukin-12, and an increased production of interleukin-10

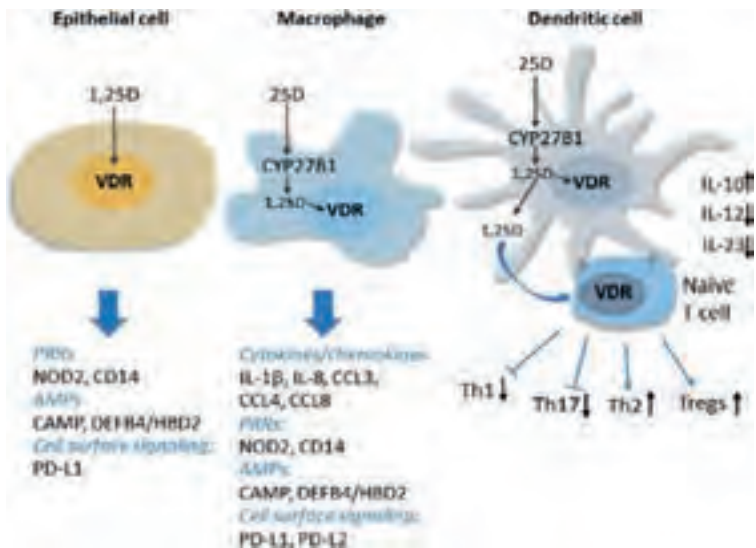


Figure 4(6) Structure of the immune system, as illustrated by Mailhot and White (<https://www.semanticscholar.org/paper/Vitamin-D-and-Immunity-in-Infants-and-Children-Mailhot-White/ee263b8e-ff6a39a9f019345da404c35d14a77088/figure/0>). For the purpose of this discussion this illustrates the centrality of ‘Yin-Yang’ intracrine and paracrine interactions of Vitamin D with the immune system

⁸⁹<https://www.sciencedirect.com/science/article/pii/S008525381553161X>

⁹⁰<https://pubmed.ncbi.nlm.nih.gov/33415918/>

(IL-10), which is a tolerogenic cytokine. It also suppresses the expression of Toll-like receptors on monocytes, and inhibits production of inflammatory cytokines (IL-2, IL-6, and IL-17) and TNF-alpha. Vitamin D therefore lies at the interface between innate and acquired immunity⁹¹.

We go into these aspects to illustrate the depth of detailed and well-researched accessible information from many excellent and reliable research articles available on the internet, for detailed study by anyone who is interested. It is exceptionally arrogant and foolish to think that a problem such as SARS-CoV-2, can be addressed purely with hastily constructed experimental 'pseudo-vaccines', while happily leaving the Vitamin-D status, and so the state of natural immunity of the vaccinated individual to chance alone. This is compounded by the further depletion of finite 25OHD reserves that has to occur with each injection of vaccines of whatever type, as 1,25(OH)₂D is always destroyed after use.

Vitamin D and Cancer Prevention

The Vitamin D system regulates approximately 3% of the human genome⁹². Outside the blood calcium-regulating system, the main role of 1,25(OH)₂D-activated VDR is to control expression of genes that control proliferation, differentiation and programmed cell death (apoptosis)⁹³. To use a military analogy, we can think of the innate immune system as being there to protect against the unexpected invader, (an infecting organism): Vitamin D and the activated VDR provide the guns and bullets for the forces to destroy the invader. Extending this analogy, a cancer starts as a single dysfunctional cell, with the potential to

⁹¹<https://pubmed.ncbi.nlm.nih.gov/31810551/>

⁹²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7751191/> ??

⁹³<https://www.degruyter.com/document/doi/10.1515/hmbci-2014-0035/html>

create a clone of look-alike terrorists, destined if left alone to destroy the existing order. Vitamin D plays a central role in looking for dangerous differences in local outliers, and nipping them in the bud before they get out of hand.

For example, the DNA repair protein BRCA1 (another is the unrelated BRCA2) is one of a number of suppressor genes that normally help repair breaks in double-stranded DNA at a critical stage in cell division, and mutant forms are highly relevant to some breast and ovarian cancers. It is well known that there is an inverse relation between blood calcifediol (25OHD) levels and the risk of ovarian cancer⁹⁴ and women with a mutation in BRCA1 have a 40 to 70% increased risk of developing ovarian cancer⁹⁵. Furthermore, in cancer-free women Pejovic and colleagues found that blood calcifediol levels were 33% lower in a group with a BRCA1 mutation than in controls with normal BRCA1. Taking and culturing ovarian and fallopian surface epithelium (OSE) cells showed a reduced level of Vitamin D receptor expression in BRCA1 mutants. This was increased significantly by culturing OSE with calcitriol *in vitro*, and this also decreased proliferation rates in a dose-dependent manner, and without cell death (apoptosis). This is powerful evidence of how such mutations may demand higher levels of Vitamin D and its receptor to prevent cancerous changes. This is bad news only for those who make a living from curing cancer with expensive patentable drugs. Indeed in a paper from 2014 by Pickholz and colleagues showed that two modified analogues of calcitriol that do not raise serum calcium (called deltanoids) collaborated with BRCA1 to enhance acetylation of two histones H3 and 4 at the cyclin-dependent kinase inhibitor and so block division of abnormal cells⁹⁶. The use of patented drugs is obviously financially much better than letting the cells activate 25OHD on their own, by giving more

⁹⁴<https://pubmed.ncbi.nlm.nih.gov/15776217/>

⁹⁵<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7665231/>

⁹⁶<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7665231/>

Vitamin D to those at risk. In men, mutations in the BRCA2 gene are associated with an increased lifetime risk of prostate cancer⁹⁷. Furthermore, in recent decades there has been a progressive increase in the incidence of (highly aggressive) pancreatic cancer, also linked to mutations in the BRCA repair genes⁹⁸.

Vitamin D and inflammation

We have seen that Vitamin D, as 1,25(OH)₂D, suppresses inflammatory mediators and especially TNF-alpha. It is important to note that inflammation is an integral part of cancers, first noted by Virchow more than 150 years ago when on microscopy he observed tumour-associated macrophages, (TAMs)⁹⁹ ¹⁰⁰. Many cancers occur on a background of pre-existing inflammation; examples being cancers of breast, prostate, skin, esophagus, pancreas and colon¹⁰¹. Suppressing the inflammation by Vitamin D pathways would be able to suppress or delay progression to malignancy.

Vitamin D and epigenetic mechanisms

‘Epigenetic’ refers to changes that occur outside the main DNA genome, in intervening regions of non-coding DNA; to genes to be ‘read’; and in the histone proteins that control access to them. The main ones involve methylation of DNA, and covalent modifications of the histone proteins within the nucleus, by histone enzymes such as acetyl transferases, methyl transferas-

⁹⁷<https://www.webmd.com/prostate-cancer/prostate-cancer-brca-gene>

⁹⁸<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8108028/>

⁹⁹ Virchow R, 1863, Cellular Pathology as Based upon Physiological and Pathological Histology, J. B. Lippincott, Philadelphia

¹⁰⁰<https://pubmed.ncbi.nlm.nih.gov/11229684/>

¹⁰¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5561333/>

es, and demethylases. Vitamin D interacts with the epigenome at many levels, and in cancers and D-deficiency, the epigenetic regulatory system is often disturbed¹⁰². Thus critical genes in the Vitamin D signaling system have large 'CpG islands' in promoter regions that can be easily silenced by methylation, something often seen in cancers with apparent insensitivity to 1,25(OH)₂D. Two examples will suffice here. First, in breast cancers, truncated variants of the VDR, often seen, are linked to excessive VDR methylation, which makes 1,25(OH)₂D less efficient¹⁰³. Second, the histone deacetylase enzyme HDAC3, one of the genes most frequently upregulated in cancers, seems to inhibit VDR expression. In two colorectal cancer cell lines, knockdown of HDAC3 increased VDR expression and restored sensitivity of the cells to 1,25(OH)₂D^{104 105}.

Chapter Conclusion

Is it possible that increasing levels of Vitamin D deficiency, in part mediated by excessive vaccinations are associated with the widespread global increase in cancer?¹⁰⁶. Dr Jennifer Brown has published the CDC figures¹⁰⁷, which show that in place of the usual seasonal variation with typical early spring peaks, there was a dramatic change in 2021-2, with an all-time high in cumulative excess cancer deaths October.

¹⁰²https://www.researchgate.net/publication/262150049_Vitamin_D_and_epigenome:-

¹⁰³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3087945/>

¹⁰⁴<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5226552/>

¹⁰⁵<https://faseb.onlinelibrary.wiley.com/doi/abs/10.1096>

¹⁰⁶<https://www.globalresearch.ca/how-cancer-deaths-from-covid-jabs-being-hidden/5796377>

¹⁰⁷<https://docbrown77.substack.com/p/the-ethical-skeptic-and-professor>

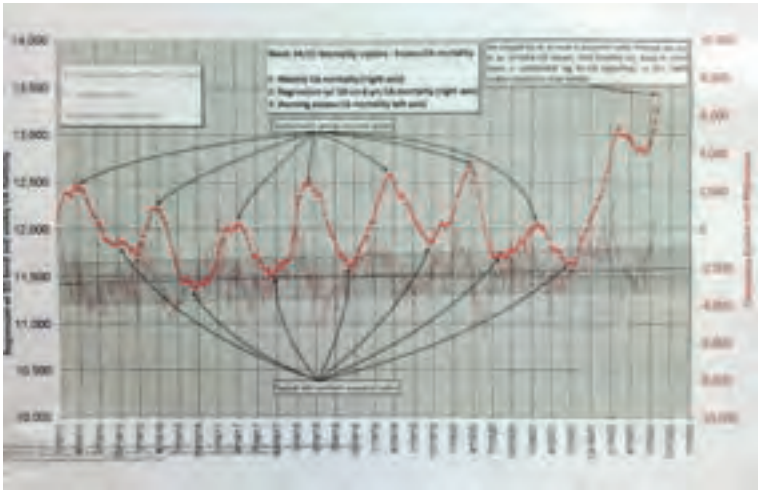


Figure 4(6) Seasonal CDC cancer mortality figures, from Ref 110, (Jennifer Brown). Dotted red line shows seasonal variations in mortality figures, with cumulative excess over regression taking off from April 2021. In July 2022 excess deaths four times expected

CHAPTER 5

HOW BIG PHARMA DEPENDS ON VITAMIN D NEGATION

The title of this chapter makes a bold assertion that obviously demands justification. We will argue that it is central to Big Pharma's self-centred, over-complicated, patent-driven (rather than patient-driven) business model of health care, to eliminate as far as possible anything that is cheap, and cannot be patented¹⁰⁸. If you can control every other possible solution, then you can force up the price of your own, but at what harm to your fellow beings? But before we get into that, we should first run over the list of diseases that Vitamin D protects us against.

Diseases that Vitamin D protects against

Below is a long, yet still conservative list, beginning with the most important of all, because it is one that also involves generations to come...

1. Problems in pregnancy, especially pre-eclampsia, toxemia and premature birth¹⁰⁹.

(We will return to this in detail, as it is central to the 'no holds barred' Covid pseudo-vaccine scam)

¹⁰⁸<https://edition.cnn.com/2019/09/12/perspectives/drug-patents-abuse/index.html>

¹⁰⁹<https://pubmed.ncbi.nlm.nih.gov/25476065/>

2. Chronic neurological diseases (*at least nine: autism; multiple sclerosis; Parkinson's disease; motor neurone disease; depression; migraine; schizophrenia; dementia/Alzheimers; and retinal degeneration*)^{110 111 112}.
3. Infectious Diseases (*at the very least, tuberculosis; sepsis; respiratory viruses including colds, malaria, influenza and Covid-19*)^{113 114 115}.
4. Cancers and other malignancies (*Lymphomas and leukaemias; Carcinomas of breast, oral cavity*¹¹⁶, *ovary, prostate, colon, rectum, pancreas and liver; osteogenic sarcoma*)¹¹⁷. Interestingly, mutants of BRCA1 have been the subject of serious international disputes over the ethics and patentability of human genes¹¹⁸.
5. Systemic Inflammatory diseases (*rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE); asthma and other allergic diseases; acute pancreatitis*)¹¹⁹.
6. Autoimmune endocrine diseases (*eg Type 1 Diabetes; hyper- and hypothyroidism, Hashimoto's thyroiditis*)^{120 121}.
7. Inflammatory Bowel Diseases (*Ulcerative colitis and Crohn's disease, irritable bowel syndrome*)^{122 123}, *celiac disease*^{124 125}.

¹¹⁰<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5440113/>

¹¹¹<https://www.ndtv.com/health/vitamin-d-deficiency-weak-bones-depression-schizophrenia-and-other-health-risks-2088732>

¹¹²<https://pubmed.ncbi.nlm.nih.gov/31377873/>

¹¹³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8615708>

¹¹⁴<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8339450/>

¹¹⁵ Critical Care Medicine: February 2017 - Volume 45 - Issue 2 - p 282-289

¹¹⁶<https://www.sciencedirect.com/science/article/pii/S0753332218366344?via%3Dihub>

¹¹⁷<https://www.vitaminproguide.com/vitamin-d-deficiency-cancer-symptoms/>

¹¹⁸https://www.wipo.int/wipo_magazine/en/2006/04/article_0003.html

¹¹⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4070857/>

¹²⁰<https://www.sciencedirect.com/science/article/abs/pii/S002432051930671>

¹²¹<https://drfionand.com/2018/02/27/vitamin-d-hashimotos-thyroiditis>

¹²²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6788352/>

¹²³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5457364/>

¹²⁴<https://www.celiac.com/celiac-disease/vitamin-d-and-celiac-disease-r3802/>

¹²⁵<https://pubmed.ncbi.nlm.nih.gov/32290294/>

8. Obesity, and the metabolic syndrome¹²⁶ (*Here we move into the complex fields of epigenetics, and Big Money- ambitions over GM diets; again, we need to consider this in greater depth later*).
9. Cardiovascular Diseases (*hypertension, myocardial infarction, arrhythmias; stroke, thromboses and other vascular failures*)¹²⁷.
And finally, of course...
10. Bone diseases and calcium disorders, congenital and otherwise (*Prime among these are, of course are rickets and osteomalacia*)¹²⁸,
but almost certainly also of Paget's disease of bone^{129 130}.

Concrete evidence versus a concrete wall of silence

There is a blatant and total contrast between concrete scientific evidence, of which the above is but a small taster, and the prevailing money-driven concrete wall of silent self-interested criminal negation of Vitamin D. This padded cell of scientific silence over the importance of sustaining blood 25(OH)D levels has increasingly opened a gap between scientific evidence and the official Big Pharma story-line.

It seems self-evident that every human being has the right to the best possible nutrition and health, and one aspect must be to address obvious deficiency of essential natural substances. The pharmaceutical industry should accept that it is the servant of good health, not its master; and if it is failing, as it clearly is, this must be addressed. When we consider correcting Vitamin D deficiency, we find that this is a silently declared no-go area. This chapter is not a scientific review or a meta-analysis, but even a cursory reading of the numerous expert articles referred to above reveals that Vitamin D deficiency is a bad thing, and should be

¹²⁶<https://pubmed.ncbi.nlm.nih.gov/19054627/>

¹²⁷<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7998446/>

¹²⁸<https://www.massgeneral.org/children/rickets>

¹²⁹<https://pubmed.ncbi.nlm.nih.gov/21811962/>

¹³⁰<https://pubmed.ncbi.nlm.nih.gov/3872746/>

properly addressed by those who are elected and appointed to represent public health interests, and not those of the mega-rich psychopaths and those they pay to silence.

A glaring paradox confronting Big Pharma

Vitamin D receptors and the mechanisms for activating Vitamin D are present in virtually every nucleated cell in the mammalian body, and it is believed that the VDR/RXR activated hetero-dimer controls the expression of at least 3% of our genes. If we simply consider the cells of the immune system, $1,25(\text{OH})_2\text{D}$ controls a host of different enzymes and receptors, as well as other biochemicals involved in all phases of the immune response^{131 132}. Although there was almost blanket denial by those in medical power at the onset of the pandemic, there is in fact an enormous scientific literature assembling much of the jigsaw puzzle supervised by the VDR-based innate immune system. For the uninitiated such as ourselves, even considering the many review articles is a daunting prospect, many being made especially obscure by the proliferation of acronyms. There are, for example, at least ten different Toll-like receptors (TLR 1 to 10) (with two more in the mouse)^{133 134}. These exist in the membranes of cells and intracellular structures, and function as detectors of micro-organisms and their products. When activated they switch on or off cascades of chemicals called cytokines and growth factors. From the point of the present discussion, many or all of these mechanisms depend upon adequate amounts of the circulating storage/reservoir form $25(\text{OH})\text{D}$, from which in times of

¹³¹<https://pubmed.ncbi.nlm.nih.gov/21527855/>

¹³²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8318777/>

¹³³<https://pubmed.ncbi.nlm.nih.gov/18411217/>

¹³⁴<https://onlinelibrary.wiley.com/doi/10.1111/sji.12188>

need specific immunocytes will make 1,25(OH)₂D to activate their local VDRs and switch on relevant genes.

Big Pharma; torn between natural truth and unnatural profits?

We have argued above that the fact that our mammalian species has survived thus far against numerous different forms of external and internal assault means that we must have a very robust primary defence system against all forms of threat. We have also argued that the uniquely flexible sterol cholecalciferol (Vitamin D₃), its metabolites and its malleable VDR receptor, acting with the retinol RXR receptor, is absolutely central to defence against the unknown. Effective defence has always to be flexible. Intuitively, it seems likely that the unique molecular flexibility of Vitamin D in the form of 1,25(OH)₂D gives it life-protecting properties against outside invasion, as well as of internal threat.

The phenomenon of Big Pharma, however, is something relatively new. Left uncontrolled, and driven by the profit-dependent capitalist system, which by law considers only the short-term interests of its shareholders, has left it intrinsically inflexible and unassailable¹³⁵. Many of its shareholders have bought into the comforting story that since it deals with human health, it must be healthy. This symbolises the conflict between short-term profit for the few, and harm for the many, behind the self-declared ‘Great Reset’¹³⁶. Considering that its only responsibility is to its wealth-driven shareholders, Big Pharma looks more like a dictator-driven police force, than one with the interests of the human species at heart.

¹³⁵<https://thecorporation.com/team/joel-bakan>

¹³⁶<https://www.weforum.org/focus/the-great-reset>

Primum non nocere

So where does this leave our naturally-evolved Vitamin D-dependent immune system? Many years ago, when we authors were in training to become doctors, it seemed logical that chemical messengers such as steroid hormones, and Vitamin D were to be understood and respected, and that was our responsibility. We studied physiology through the prism of disease, but the adage *'first do no harm'* guided us towards becoming caring doctors, to seek out and correct the underlying cause or causes of ailments. And only to come in with complicated and unnatural cures such as surgical interventions or synthetic drugs when nature's method alone was not enough. So logically, from the *'primum non nocere'* perspective, as the extent of Vitamin D deficiency and the importance of its correction have become apparent, we should first correct this deficiency. And to have reserved invasive interventions for when that didn't work. It costs next to nothing, but therein lies a problem, which we have seen maliciously amplified in the Covid-19 disaster.

Deadly medicines and organised crime¹³⁷

Peter C Gøtzsche, quoted extensively in Chapter 7, is a 71-year old Danish physician, medical researcher, co-founder of the Cochrane Collaboration¹³⁸ and author in 2013 of the devastating book *'Deadly Medicines and Organised Crime – How Big Pharma has corrupted health care'*. He claims that *'the main reason we take so many drugs is that drug companies don't sell drugs, they sell lies about drugs.... Virtually everything we know about drugs is what the companies have chosen to tell us and our doctors, patients ex-*

¹³⁷<https://www.goodreads.com/book/show/18428805-deadly-medicines-and-organised-crime>

¹³⁸https://en.wikipedia.org/wiki/Peter_C._Gøtzsche

trapolate the trust they have in their doctors into the medicines they prescribe. They don't realise that, although their doctors may know a lot about diseases and human physiology and psychology, they know very, very little about drugs that hasn't been carefully concocted and dressed up by the drug industry... if you don't think the system is out of control, please... explain why drugs are the third leading cause of death ...) and then on the subject of drug deaths....'if such a hugely lethal epidemic had been caused by a new bacterium or virus, or even one-hundredth of it, we would have done everything we could to get it under control'.

What Gøtzsche seems not to have anticipated is that with the right amount of money greasing enough palms, anything is possible, including the invention of a new virus and then development of dangerous but financially rewarding ways of inoculating against it. And then by methods so well described by George Orwell, of forcing the population to pay for it, and for many to glorify the whole resulting scam.

As the pandemic proceeded through its second summer, when the sun was high enough in the Northern hemisphere to offer at least the chance of Vitamin D3 repletion, we could see signs of concern as to how this might be spun out long enough to recoup costs, and make a healthy profit. To our embarrassment, it is being helped along the way by systematic payments and threats to silence the medical profession, and of course the many administrators that sail within the health care system. The policy is increasingly to suppress scientific discussion, insist the Big People are right, and then depend upon paid medical lackeys who also derive their livelihoods from control rather than first doing no harm.



Fig 5(1) *George Orwell, 1903-50. 'The further a society drifts from truth the more it will hate those who speak it'... 'It's frightful that people who are so ignorant should have so much influence'... 'If liberty means anything at all, it means the right to tell people what they do not want to hear'.*

The Cancer Industry

The book *'The Cancer Industry'*¹³⁹ by Ralph W. Moss, PhD, first published in 1989, and revised and republished in 1996, catalogues in great detail how Big Pharma has systematically undermined all attempts to control cancer using natural means, so-called alternative therapy. The only methods that are accepted and supported by funding agencies are surgery, radiotherapy and

¹³⁹https://www.goodreads.com/book/show/1202663.The_Cancer_Industry

toxic chemotherapy. In his book, Moss goes into the history of various non-toxic methods of cancer therapy that include Coley's toxins¹⁴⁰; Laetrile¹⁴¹; hydrazine sulphate¹⁴²; Burton's Immunological method¹⁴³; Livingston's cancer microbe¹⁴⁴, and Burzynski's antineoplastons¹⁴⁵. It is not our purpose to go into the stories and possible science behind each or all of these, except to say that each one has enough credibility to have warranted some proper objective scientific evaluation, but was actively opposed by the American Cancer Society and the Sloan-Kettering Institute.

Big Pharma, Vitamin D and the Great Tony Fauci paradox¹⁴⁶

From the point of view of Big Pharma, Vitamin D presents a real conflict of interest, between helping mankind and helping their shareholders. Mankind at large is Vitamin D-deficient¹⁴⁷, and so susceptible to severe disease and death when infected with a new corona- or influenza-virus. So why is this obvious fact not being recognised and addressed? Answer - because it conflicts with the financial interests of Big Pharma and her shareholders, who need patentable drugs and/or 'vaccines'. The great Tony Fauci paradox is that he himself takes 6,000 Units of Vitamin D a day¹⁴⁸, but fails to say that this is protecting his health, including against any

¹⁴⁰ <https://www.sciencedirect.com/topics/immunology-and-microbiology/coleys-toxins>

¹⁴¹ <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/complementary-alternative-therapies/individual-therapies/laetrile>

¹⁴² <https://pubchem.ncbi.nlm.nih.gov/compound/Hydrazine-sulfate>

¹⁴³ <https://www.sciencedirect.com/topics/chemistry/immunological-method>

¹⁴⁴ <https://gumshoenews.com/virginia-livingstons-cancer-cure/>

¹⁴⁵ <https://quackwatch.org/related/Cancer/burzynski1/>

¹⁴⁶ <https://www.simonandschuster.com/books/The-Real-Anthony-Fauci-Robert-F-Kennedy/Children-s-Health-Defense/9781510766808>

¹⁴⁷ And this presumably also includes most Big Pharma shareholders

¹⁴⁸ <https://vitamindwiki.com/Dr.+Fauci+takes+6%2C000+IU+of+Vitamin+D+daily+%E2%80%93+Sept+2020>

dangers of an untested vaccine. And since your injection site and the cells it contains ‘assume’ it is just another dirty insect bite, it may make all the difference - between life and death - if this ‘bite’ triggers a healthy D-replete immune response, or a potentially fatal auto-immune reaction seen in the severely D-deficient. It is even possible that vaccines are totally safe, as well as being completely unnecessary¹⁴⁹, if you are Vitamin D-replete. But either way, the makers just don’t seem to care. Fauci, incidentally received a dose of Moderna vaccine in December 2020, and twice since, and then caught mild Covid-19 in June 2022; he has said that he takes 6,000 Units of Vitamin D3 daily, but maybe even he has now run low on Vitamin D!

¹⁴⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6375825/>

CHAPTER 6

BAYER-MONSANTO, ROUNDUP AND THE GREAT AGRICULTURAL RESET

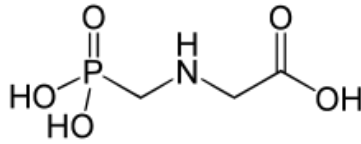
Bill Gates the caring US mega-farmer

It has recently become common knowledge that Bill Gates now owns 242,000 acres of farmland in the US, divided across 18 States, making him the largest private-farmland owner, according to a recent analysis by *The Land Report*¹⁵⁰. This includes, incidentally recent purchases of traditional native American land¹⁵¹. As we have seen, Gates, with his obsession with the ‘Great Reset’, is strongly supportive of Genetically modified (GM) foods and all who gain from them. He is openly disdainful of the sort of small, sustainable agriculture practiced all over the poorer countries of the world¹⁵². In his mind it is all about control, and generally through the simple patentable idea. And we find it interesting that another of his obsessions, Monsanto’s weed killer, Roundup, (glyphosate) is a case in point. At all events he seems to have remarkably little concern about the complexities that lie hidden behind the simple idea.

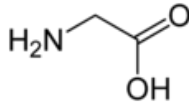
¹⁵⁰<https://nypost.com/2021/01/15/bill-gates-is-the-largest-farmland-owner-in-america-report/>

¹⁵¹<https://www.theguardian.com/commentisfree/2021/apr/05/bill-gates-climate-crisis-farmland>

¹⁵²<https://www.amazon.com/Oneness-VS-1-Vandana-Shiva/dp/9385606182>



Glyphosate (N-(phosphonomethyl)glycine)



Glycine

Figure 6(1) *Glyphosate and Glycine*

How does glyphosate fit into Big Finance's global bio-reset?

So from the point of view of the thrust of this book, let us examine the possible connections between Vitamin D, its deficiency, and ill-health caused by the ever-increasing global application of self-declared 'safe' agrochemicals. Is it possible that activated Vitamin D has a direct or indirect role in detoxification of and protection against toxins, including agricultural ones, that *Homo sapiens* ignores at its peril? It is certainly striking that Big Money, and the pseudo-philanthropy epitomised by the Gates Foundation, hold the blunderbus reform of agriculture and genetically modified plants central to their vision. For example, the BMGF is reported to invest heavily in Bayer-Monsanto¹⁵³. And if as Bill Gates, following the ideas of his father, has clearly stated many times, world depopulation of the poor and the non-compliant is part of the plan¹⁵⁴, control of food is a good place to start. If and when the Mega-rich express the opinion that our planet is

¹⁵³<https://www.theguardian.com/global-development/poverty-matters/2010/sep/29/gates-foundation-gm-monsanto>

¹⁵⁴https://www.lifesitenews.com/opinion/billionaire-barbarian-at-the-gates-part-1/?utm_source=top_news&utm_campaign=usa

over-populated, you can be sure that they are not thinking of eliminating themselves or their own children.



Figure 6(2) *Brave New World farming, spraying weedkiller on resistant crops. Image taken from Sky TV advert, 2020.*

Rounding up on Roundup

Glyphosate is a structurally simple organophosphorus compound, and one of the principal components of Monsanto's herbicide, 'Roundup'. Glyphosate is now the most widely sprayed herbicide on the planet. Its chemical name is N-phosphonomethyl glycine.

In fact, Monsanto's Roundup is probably even more toxic than glyphosate alone, as it includes a surfactant POEA (polyethoxylated tallow amine), to enhance its potency¹⁵⁵. It was discovered to be a herbicide (weedkiller) by Monsanto scientist John Franz and was patented as such, and marketed in 1974¹⁵⁶. It acts by inhibiting

¹⁵⁵https://en.wikipedia.org/wiki/Polyethoxylated_tallow_amine

¹⁵⁶<https://scienceagri.com/john-franz-inventor-of-glyphosate-for-roundups/>

the **shikimate pathway**, which is a plant enzymatic pathway that is involved in the synthesis of three essential aromatic amino-acids, tryptophan, tyrosine and phenylalanine, that plant-eating animals like ourselves, also need¹⁵⁷. The shikimate pathway is absent in animals, but is present in some of the gut bacteria that constitute the complex microbiome residing in our large intestines. These organisms play an important but neglected role in human physiology, including the production of essential amino-acids, a number of vitamins (eg biotin, riboflavin and vitamin K) and protection against dangerous pathogens. By 1982 Monsanto was already working on crops that are genetically modified by introducing genes that are specifically resistant to glyphosate. Following the normal behavioural pattern of the chemical industry, the policy has been to control through short-cuts and denial.

The perils of Monsanto and Genetic Modification (GM)¹⁵⁸

The example from India of farmers and genetically modified plants, is an illustrative case in point. Over millennia, small-scale farmers all over the world have worked with nature on their own land and in their own biosphere, to select plants and their features that are suited to their environment, and yield pest-resistant fruit and seeds they can store. They have always saved some of the best seeds, and kept them for later years¹⁵⁹. Along come greedy scientists, molecular geneticists, with mindless but very fast computers and programmes, who take the farmer's naturally-modified crops, and identify a particular gene or genes responsible for fast growth, or dependent on oil-derived fertilisers. Molecular technology techniques allow them to genetically modify the seeds, so they grow faster, and are more productive. They then give them

¹⁵⁷<https://pubmed.ncbi.nlm.nih.gov/15012217/>

¹⁵⁸<https://en.wikipedia.org/wiki/Monsanto>

¹⁵⁹<https://www.amazon.com/Oneness-VS-1-Vandana-Shiva/dp/9385606182>



Figure 6(3) *BMGF Headquarters*

back to the farmer, just as a drug dealer uses a drug to promote addiction. If it is only the company that can produce the seeds, then the farmer is forced to buy them from the relevant firm. This Monsanto model is further fed by insertion of a gene that makes the plant resistant to a pesticide glyphosate (Roundup). Over time, as with GM cotton and the bollworm, the pest becomes resistant and the crop has to be destroyed: but it is the impoverished farmer not Monsanto who then pays. Hence the alarming number of suicides (some 200,000) in India recent years, by destitute farmers¹⁶⁰.

¹⁶⁰https://en.wikipedia.org/wiki/Farmers%27_suicides_in_India

Glyphosate's interactions with Vitamin D activation

Samsel and Seneff (2013)¹⁶¹ have written an extensive and highly informative review on the direct and indirect toxic effects on human health that have increased in parallel with exponential glyphosate use, which increased dramatically from 2000, the year when Monsanto's patent expired. Residues of glyphosate are found in the main staple foods of the Western diet - sugar, corn, soy and wheat. Glyphosate inhibits cytochrome P450 (CYP) enzymes, including two in the 25-hydroxylation of Vitamin D₃ in the liver that catalyse the formation of 25(OH)D (calcifediol), its reservoir form; and two other CYP enzymes that increase its breakdown. Furthermore, the enzyme CYP26A1 catalyzes the breakdown of retinoic acid¹⁶², which it will be remembered binds to the RXR receptor in Vitamin D target cells, forming a heterodimer with the VDR receptor. The authors postulate that in addition to the other factors already itemised, increased glyphosate ingestion has contributed to the global pandemic of Vitamin D deficiency. A further dangerous fact about glyphosate is that it is an analogue of the amino-acid glycine (Figure 6(1)), and is readily incorporated into proteins in its place.

Glyphosate, Vitamin D deficiency and a wide range of chronic diseases.

There is a remarkable overlap between the diseases listed in Chapter 5 of this book, in which Vitamin D deficiency is implicated as a major factor, and those attributed to glyphosate. This includes pregnancy disorders, notably pre-eclamptic toxæmia; neuro-developmental diseases, in particular autistic spectrum

¹⁶¹<https://www.mdpi.com/1099-4300/15/4/1416/htm>

¹⁶²<https://www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/cyp26a1>

disorder (ASD); neurodegenerative diseases, including multiple sclerosis, Alzheimers disease, Parkinson's disease and amyotrophic lateral sclerosis; Inflammatory disorders, notably inflammatory bowel diseases; and obesity, and the metabolic syndrome. And of course cancers. So the possibility has to be entertained that there is an interaction between D deficiency and one or more xenobiotics¹⁶³. Some at least of these may be attributable to the fact that glyphosate leads to depletion of the essential mineral manganese¹⁶⁴. Of great potential relevance is the recent work of da Silva and colleagues¹⁶⁵, who have shown that Vitamin D3 transactivates the zinc and manganese transporter 'Solute Carrier Family 30 Member 10' (SLC30A10) via the Vitamin D receptor, interacting as expected with the RXR Vitamin A receptor. '*SLC30A10 is critical for zinc and manganese homeostasis and mutations in this gene, resulting in impaired ZnT10 function or expression (important for zinc transport), cause manganese intoxication, with Parkinson-like symptoms*'. Furthermore they report that SLC30A10 is highly expressed in the small intestine. Zinc, manganese and Vitamin D are all important for bone metabolism and for brain health.

Xenobiotics and glyphosate

A xenobiotic is a chemical substance found within an organism that is not naturally produced by or expected to be present within that organism. Glyphosate is undoubtedly a xenobiotic. Indeed, to generalize a bit further, it seems obvious that Big Pharma and Big Agriculture delight in xenobiotics, as they are the only compounds that they can patent! In the

¹⁶³<https://en.wikipedia.org/wiki/Xenobiotic>

¹⁶⁴<https://pubmed.ncbi.nlm.nih.gov/25883837/>

¹⁶⁵<https://www.sciencedirect.com/science/article/pii/S0960076016301029?via%3Dihub>



Figure 6(4) *Warren Buffet aged 85, in 2015*

Covid-19 case, Big Pharma acts as though Vitamin D is an un-savoury compound, an unpatentable substance too cheap and effective to be considered seriously. Indeed one to be suppressed at all costs; yet the potential implications of such a change of attitude are very profound, as rich countries could even afford to give sufficient Vitamin D to less 'developed' countries, for the whole population, if they chose to do so. Of course, it will not solve any perceived problem of population control, but it might help ensure that we hand over to our children's children a world that is still worth living in. With money more equitably shared, better natural health and better education, most couples will decide on fewer and better-spaced pregnancies anyway. And as life

expectancy and health of the aged increases, global wisdom of our species would also increase.

Here we have touched on one of the increasingly obvious undeclared agendas of Klaus Schwab, Bill Gates, and the other wealthy believers in forced global depopulation. Because their real agenda is to increase the richness of the already hyper-rich, they are not really interested in improving the lot of the world's poor. They do not want to know that if living standards and health of the poor are improved, the poor will reduce the number of children they have through contraception, and the population of the world will start to control itself, as it has already done for example in Catholic Italy. No, they don't want to hear this, because their real agenda is to make more money themselves from the money made by others working. They make their money by managing money through Black Rock, and doubtless blackmail, which is why Bill Gates decided to pair up in his B(M)GF charitable organisation with Warren Buffet, who is expert at making more money by the ploy of using money to make more of it.

Surely it is high time to take simple human health and its maintenance away from the hands of Big Pharma, Big Money, the now B(M)GF (since Melinda left BG) and Big Ag, and revert to what biological science dictates, as expounded by honest scientific truth untainted by greed, back-handers and ignorantly psychopathic self-interest?

CHAPTER 7

THREE BIGS IN THE COVID DISASTER; MONEY, BROTHER AND PHARMA

The work of Vandana Shiva

We may define pseudo-philanthropy as the phenomenon of appearing to give money away, while all the time making more for oneself. In her excellent book 'Oneness vs the 1%',¹⁶⁶ Vandana Shiva gets right to the root of what is wrong with the world as it hurtles towards what she predicts is 'the sixth extinction'. This is epitomised by the ever-increasing greed and arrogance of the wealthiest eight people in the world, who currently own more than the 50% (that is roughly 4 billion) of the world's poorest. Increasingly, the acquisition of more and more money, is anti-democratic. They have achieved this by exploitation of finite world resources, without accounting or paying for the resulting damage. In the modern world, the complex world of 'futures exchanges' on the money markets, coupled with limitless greed, has created an expanding feed-ahead system. A game of rigged financial musical chairs where progressively fewer people get to sit down. It has become a means of multiplying wealth for the wealthy, in the name of 'progress'.

¹⁶⁶<https://www.goodreads.com/book/show/43890614-oneness-vs-the-1>

The obscenity of uncontrolled corporate greed

Just what is the point of earning and owning that much money, which should surely be a mere vehicle for the exchange of goods? Of course, it gives them enormous power to control the future of others, as well as those of us who are stuck in Middle Earth. But alas, power is not normally born of responsibility, empathy or understanding. The robber barons of the last century like John D Rockefeller, did this on the back of oil, exploiting the lesser greed of the rest of us, with the development of private motor cars, and a medical industry that depended upon Big Pharma. The Rockefellers of this world developed the obscuring model of giving away most of the money they had illegally accrued through greed, by creating Institutes and philanthropic foundations in their own names. Somehow ill-gained fortunes were supposedly offset by generosity in later life. There was also, and ever-increasingly the value of armaments, armed conflict, and destruction away from home; while the West's reconstruction under the Marshall Plan, after two rapidly successive World Wars, provided some satisfying self-congratulatory complacency. It was tough for the dead while they were alive, but who now cares? In time, even the worst memories fade among the still living. Some of the big American firms, such as IBM with its punched card systems¹⁶⁷, actively facilitated the collection of ethnic and other data on and so planned extermination of Jews in Europe, while others such as IG Farben (now mutated to Bayer, and so to Pfizer) produced the toxic gas Zyklon B, the Nazi's preferred mass-murder weapon from 1942 onwards¹⁶⁸

¹⁶⁷https://en.wikipedia.org/wiki/IBM_and_the_Holocaust

¹⁶⁸<http://www.truthwiki.org/ig-farben-pharmaceutical-conglomerate-1916-to-2015/>

The age of the new robber baron

So what has changed in our lifetimes? We now have a new type of robber baron, born in part at least from the technological revolution, the home computer, the internet, Facebook, Instagram and Twitter. Some of these people have made their money with hardware, others with software, and the most successful with a toxic mixture of the two. The legality of what has gone on has often been questionable, but there have always been well-paid lawyers who get their kicks and kick-backs from prosecuting and/or defending in the courtroom. And of course, Western politicians and parties who need funds to get elected and so can be buttered up or bribed. And we haven't even considered ruthless dictators like KGB-trained Vladimir Putin, natural successor (after an interlude), to Stalin. And now, maybe even more dangerously, in China we have Xi Jinping, whose father was on the Long March with the greatest psychopath of them all, Mao Tse Tung. Xi sees himself in the mold of the Warring States General Sun Tsu, author of '*The Art of War*',¹⁶⁹ whose strategy for winning involved wherever possible using lies and maximum deception. And supposedly democratically elected politicians in the grip of the wealthy unelected, such as Joe Biden, may be even worse.

The strange case of Bill Gates

The strange story of Bill Gates is a disquieting example of how dangerous unlimited wealth, concentrated in a few hands can be, especially combined with the current system of wealth generation through the dubious and devious functioning of modern financial systems. These have created an increasing disconnect between money generation by honest work and the multiplication of money by the ruthless market manipulation, leading such

¹⁶⁹https://en.wikipedia.org/wiki/The_Art_of_War

people to impose their linear mechanical model on mankind, all biological systems, and indeed the whole future of our unique planet. This is basically a destructive war-lord mentality, and year by year is becoming increasingly pervasive. It is hard to see how this can end in anything but tears and destruction, as we are seeing in Ukraine, unless the systems of wealth creation and distribution themselves change. We surely ignore the lessons and the wisdom of several billion years of evolution, and adaptation to change on Earth at our peril. Yet with this pandemic that is precisely what happened and is happening. All the signs are that we may be facing the explosive arrogance of a biological Hiroshima, to shake Man to his senses before we fall off the cliff-face. This is not Conspiracy Theory, any more than the Jewish genocide by the Nazis was. What we are witnessing is a lesson in the plain, simple, and largely silent, time-honoured practice of Conspiracy. The most obvious credible such theory is that there is a Conspiracy to sucker us into ignoring an obvious Conspiracy!

Just how bad is it?

We can get an idea of how bad an emergency situation is by looking at the sheep-like behaviour of ourselves¹⁷⁰. And even more importantly at the reaction of our leaders, the previously unthinkable behaviour they imposed on us in the face of man-made pandemic and the passivity of our responses. What we see is far from reassuring. Because we authors are British, and grew up mostly in Britain in the post-war years, things in our respective lifetimes seemed to be getting better. And as congenital Brits, we mainly bought in to the comforting illusion that the world and especially Europe, somehow owed us a living for winning the war. This feeling has been enhanced by our 'special relationship' with the USA, and an element of colonial nostalgia in the second

¹⁷⁰<https://www.goodreads.com/book/show/58062470-a-state-of-fear>

layer of colonies such as India, that our compatriots milked after the loss of our first empire.

Obviously, the authors' perspective was and largely is a medical one, which until recently appeared to be following more or less, a 'linear advance with hiccups'. As former practicing doctors, we have both to some extent bought into the idea that Big Pharma was not about Big Brother. But we have nevertheless seen and been part of, the cutting edge of competition over new drugs, and patents, and drug company representatives peddling convincing lies to their profit and ours. They have provided the funding to do the trials on anti-hypertensives and statins and helped with the sandwiches for lunch to gain CPD 'points' for professional development. And the odd upgrade on the way to an international conference. It is only a thin greasy line that lies between being buttered up and bought outright. Even doctors are human, after all, and as now retired doctors it no longer seemed important. Then, suddenly three years ago all that changed. Except that in retrospect we can see strong indications that it was all being planned by Big Money and even big organisations such as the WHO, because they too now reside in the pockets of Big Money. He who pays the piper, after all, has always called the tune. Coming from similar, but different viewpoints on the question of Vitamin D deficiency in this planet, has been very helpful in bringing such issues into focus. We also recognise that we are in a highly privileged position. We have pensions derived from generous earnings in times past, and that depend on the unsought actuarial generosity of our dear departed colleagues. In fact, as this pandemic has unfolded, it is becoming increasingly clear that the actuarial facts might have been different had global D deficiency been less widespread, and less ignored.

The playthings of those with the money to survive

Shiva is absolutely devastating about the 1% who regard the Earth and its inhabitants (all living things, and not just our species) as playthings that they own and have the right to trash in the quest for money and more linear control. Her book, which was written between 2016 and 2018, now has an extra short epilogue in the August 2020 edition, penned eight months into the Coronavirus pandemic. As she says, *'In March 2015, Bill Gates showed an image of the coronavirus in a TED talk, and told the audience that it was what the greatest catastrophe of our time would look like. The real threat to life was 'not missiles, but microbes', he said. What he might have added, but failed to do, was; 'I can predict this with near-certainty, because it is precisely what I am at present illegally funding.'*

A Presidential halt in 'Gain of Function' Research blatantly ignored

We have already seen how October 17th 2014 the Obama administration, took the unusual measure of pausing funding for 'Gain of Function, ('GoF')' research. *'A pause in funding applies to any new studies that may be reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route. The Government also 'encourages those currently conducting this type of work - whether federally funded or not - to voluntarily pause their research while risks and benefits are being reassessed'*¹⁷¹ However, this was flagrantly ignored by Dr Anthony Fauci, lifetime Head of the NIAID since 1984, and Dr Francis Collins, Director of the National Institutes of Health, who both

¹⁷¹ <https://obamawhitehouse.archives.gov/blog/2014/10/17/doing-diligence-assess-risks-and-benefits-life-sciences-gain-function-research>



Figure 7(1) *Francis Collins, Head of the NIH and Fauci's notional superior*

regarded GOF as a 'risk worth taking'. The ban was ignored on a semantic loophole, for the next 3 years, until In December 2017, under the Trump Presidency it was lifted by NIH. In any case the work had continued illegally over three years, with three tranches of more than \$600,000 each transferred to Wuhan via Fauci and the NIAID to the Eco Health Alliance Director Dr Peter Daszak. Heads should surely roll for this criminal irresponsibility, if not outright treason.

The Bill and Melinda Gates Foundation

Normal people tend at times to be too forgiving as well as too forgetful. But it is worth recalling that it was only 25 years ago that Bill Gates and Microsoft were investigated by Congress in

connection with alleged antitrust activity, by making it unfairly difficult for competitors to run on a Windows-based system. There are very strange films of a dysfunctional Bill Gates in 1998, rocking back and forth in his seat, making obtuse and deflection answers to the Congressional enquiry^{172 173}. The anti-trust issue was finally settled in 2002, with an undisclosed financial settlement, and Microsoft continues as the dominant player, and Gates is one of the richest men in the world. In 1994 he married Melinda French, the General Manager of Microsoft who he had been dating since 1987, and there can be little doubt that their marriage and family partnership has been very successful and has had a major positive impact on the generally negative image projected by Bill Gates acting alone. Successful, that is, until Melinda recently filed for divorce, allegedly over her husband's dealings with the late paedophile billionaire Jeffrey Epstein¹⁷⁴.

The Bill and Melinda Gates Foundation was formed in 2000 by the merging of the William H Gates Foundation and the Bill Gates Learning Foundation. It is reported to be the largest private foundation in the world, with 46.8 billion dollars in assets as of 31 December 2008. Its other major donor is Warren Buffett, whose skill is to use money to make more money. Trustees of the Foundation are Bill and Melinda Gates, and Warren Buffett. The Foundation is one of the leaders in so-called '*venture philanthropy*'¹⁷⁵ But it is quite clear that this is a philanthropy with tabs.

¹⁷²<https://www.youtube.com/watch?v=T5ZrspHlfz4>

¹⁷³https://www.youtube.com/watch?v=m_2m1qdqieE

¹⁷⁴<https://www.thesun.co.uk/news/14996782/bill-gates-naked-pool-parties-friendship-jeffrey-epstein-divorce/>

¹⁷⁵https://en.wikipedia.org/wiki/Venture_philanthropy

CHAPTER 8

BIG PHARMA AND THE CORPORIZATION OF MEDICAL PRACTICE

Deadly Medicines, and the changing face of Medicine

Over the many years since we qualified from Medical School, the practice of Medicine has changed beyond recognition. At medical school DCA was even taught in Pharmacology tutorials how to roll pills by hand! And when we qualified, you could still prescribe *Digitalis folia* tablets, there were but a handful of synthetic drugs, and there was little evidence of Big Pharma. Medicine was practiced by us as young doctors on the hoof, as we desperately tried to remember what we had been taught at Medical School. Access to the literature was difficult, demanding many hours in libraries such as the one at The Royal Society of Medicine. Thinking was encouraged, and the patient was supposed to come first. The thalidomide disaster of the 1960's¹⁷⁶ was of course glaring evidence of the need to carry out proper testing of new drugs, of the dangers of giving drugs to pregnant women, and the vulnerability of the developing embryo. And there was plenty of abuse of prescribing barbiturates, and we believed we had learnt that lesson too. But now politicisation of Covid seems

¹⁷⁶<https://sqonline.ucsd.edu/2019/07/the-thalidomide-tragedy-and-its-lasting-effects/>

to have obliterated such lessons, and been replaced by ‘Medical practice by numbers’, and the tyrannical suppression of inconvenient truths and of asking inconvenient questions.

Medicine, brain-washing and CPD

As young doctors, medical knowledge was changing fast, ultra-specialisation grew, and it was clear that a generalist could no longer just rely on what he had learnt at Medical School. The era of Continuing Medical Education (CME) was born. But of course, good doctors had always worked to keep up to date with advances in the literature. But the increase in knowledge was the theoretical reason behind the move to introduce CME, which around 35 years ago morphed into Continuing Professional Development (CPD). Did this turn bad doctors into better ones? We doubt it, as no one has ever worked out how to make a silk purse out of a sow’s ear, and there were some harmful developments to come with the need for all doctors, including the self-educating, to concentrate on academic ‘Brownie points’. Then CPD, was delegated to Big Pharma, ignoring the obvious fact that he who pays the piper calls the tune.

The progressive prostitution of Medical Science

In his devastating and well-researched book, Dr Peter Gøtzsche¹⁷⁷ catalogues the dangers to medical integrity, presented by the paid medical ‘expert’ presenting biased arguments, often with text and slides provided by the sponsoring drug company. These paid ‘expert advisors’ may receive funds in many different ways - straight cash, free holidays, ‘research’ support, and they often suppress

¹⁷⁷ <https://www.goodreads.com/book/show/18428805-deadly-medicines-and-organised-crime>

their conflicts of interest. They are often apparent authors of papers that have in fact been ghost-written by the relevant pharmaceutical company. Another real danger discussed by Gøtzsche is the prostitution of previously reliable and once incorruptible journals, such as the *New England Journal of Medicine* and the *Lancet*. This relates, for example to the control of clinical trials by Big Pharma, in which the data from studies are massaged sometimes with deliberate falsification¹⁷⁸. The business ‘carrot’ presented to the journals comes in the form of expensive orders for reprints which are then used for promotion. This practice of undertaking and then publishing falsified or misleading data on cheap existing drugs, in order to promote expensive and toxic ones and untested pseudo-vaccines, has been taken to a new level in the Covid-19 pandemic.

Big Pharma, Big Brother and GSK

It may seem unfair to pick out the past history of one particular pharmaceutical company, when they are all institutionally corrupt. But it is hard to resist discussing one that seems to embrace multidimensional corruption at all levels including time, namely GlaxoSmithKline (GSK). Let us examine it from several different angles. First, GSK’s track-record in past illegal drug development, and gung-ho attitude to drug safety. Second, past, but still recent, vaccine scandals, as evidenced by the 2009 ‘Swine Flu’ vaccine, which we can now see clearly was the dress rehearsal for Covid-19, and from which lessons of orchestration, coercion and suppression were well learned by potential perpetrators. Third, the extraordinary coincidence that the UK’s Chief Scientific Advisor, Sir Patrick Vallance, worked for GSK for 12 years from 2006; first as Head of Drug Discovery; then in 2010 as Head of

¹⁷⁸<https://www.digitaljournal.com/tech-science/most-clinical-trials-today-are-funded-by-big-pharma/article/452974>

Medicines Discovery and Development; and finally from 2012 as Head of Research and Development, until in 2018 he miraculously became Chief Scientific Adviser to the UK Government. And fourth, it is hard to resist reference to the possible reasons why Dominic Cummings, erstwhile controller of Great Britain's then Prime Minister Boris Johnson, made his putative post-Covid sight-testing trip to Barnard Castle on April 12th 2020, which was witnessed by three people¹⁷⁹. Is it a concatenation of coincidences that this County Durham town is the location of GSK's Covid-19 vaccine production facility? Amusingly, in local parlance 'to tell a Barnard Castle' in rhyming slang means 'to tell a lie'. A good friend from round those parts says that in Barnard Castle they make excellent 'porkie pies'!

GlaxoSmithKline's track record in illegal drug development

We find it interesting and revealing that in the 1920's, the original Glaxo Laboratories actually branched out from dried milk powder to market Vitamin D¹⁸⁰. Subsequently, Big Business being a question of mergers, Glaxo merged with Boroughs Wellcome, to become Glaxo-Wellcome, and Smith-Kline merged with Beecham, and then in 2000, they all finally merged to become the megalithic company GlaxoSmithKline. And the track record since is less than glorious, as catalogued by Peter Gøtzsche, and confirmed by Wikipedia. In at least three instances, opportunism, short cuts and bribery conspired to reveal that this company will let nothing get in the way of its profit bottom line. We hasten to add that this follows the line seen by much of Big Pharma. Let us look at three GSK examples.

¹⁷⁹<https://www.theguardian.com/lifeandstyle/2020/dec/17/people-wont-forget-dominic-cummings-visit-barnard-castle-learns-to-live-with-notoriety>

¹⁸⁰<https://www.gsk.com/en-gb/company/history-and-heritage/>

Example 1. Paroxetine (Paxil) and SSRI misuse in depressed children

One of the other issues discussed by Gøtzsche is the often ruthless suppression of drug side-effects especially in the post-marketing phase. In July 2012, GSK pleaded guilty in the United States to criminal charges, and agreed to pay US\$3 billion, in what was the largest settlement until then between the Justice Department and a drug company. GSK was fined for promoting Paxil/Seroxat (paroxetine) for treating depression in the under-18s, although the drug had not been approved for paediatric use. Paxil had \$4.97 billion in worldwide sales in 2003. The company conducted nine clinical trials between 1994 and 2002, none of which showed that Paxil helped children with depression. Yet from 1998 to 2003, GSK promoted the drug for the under-18s, paying physicians to go on all-expenses paid trips, five-star hotels and spas. Gøtzsche catalogues in detail numerous specific case histories of suicides among young people, and how GSK (and others in Big Pharma) engaged in pervasive misconduct to systematically distort perception of benefits and harms of SSRI's. He concludes that *“It is abundantly clear that suicides, suicidality and violence caused by SSRI's are grossly underestimated. First, there is outright fraud. Second, many suicides are coded as something else.... Third, the drug industry has taken great care to bias its trials by only recruiting people at very low risk of committing suicide... and seventh, many trials are buried in company archives”*¹⁸¹. And it is quite clear that increased suicide risks on these drugs also applies to all ages. When we come to consider the roll-out of Covid 'vaccines' and attendant censorship of adverse reactions, we will see that Big Pharma, and those paid to collude, is at least consistent.

¹⁸¹ <https://www.justice.gov/opa/pr/glaxosmithkline-plead-guilty-and-pay-3-billion-resolve-fraud-allegations-and-failure-report>

Example 2. All that glitters is not gold; Rosiglitazone for diabetes

It is now well-established that the novel drug rosiglitazone (Avandia), marketed by GSK ostensibly to prevent Type 2 diabetes and its attendant complications, actually increased the pathology it was meant to prevent, and caused coronary thromboses and death. This case also illustrates that GSK is typical of the industry in ruthlessly suppressing medical dissent¹⁸². After more than 15 years on the market, Avandia was finally withdrawn in 2010. In 1999, John Buse, incoming President of the American Diabetes Association, had expressed his concerns about Avandia's cardiovascular safety. Some in the Company felt that his actions were *'scurrulous enough to attempt to hold me liable for a loss in share value.'* GSK's chairman for R & D, Tadataka Yamada suggested suing him for *'knowingly defaming our product'*, or to *'launch a well-planned offensive on behalf of Avandia'*, and telephoned the chairman of Buse's department. Buse was required to sign a letter of retraction¹⁸³.

Example 3. Pandemrix and Narcolepsy; dress-rehearsal for Covid-19 vaccination?

Narcolepsy with cataplexy is a rare and disabling sleep disorder, believed to be caused by autoimmune damage to hypocretin-secreting neurones in the hypothalamus¹⁸⁴ in a part of the brain necessary to maintain a state of wakefulness. Pandemrix was a potent influenza vaccine, patented by GlaxoSmithKline in 2006, that used a concoction of immunological adjuvants. It was initially developed as a mock-up against the Influenza H5N1 strain, and was then hastily rolled out in 2009 when the WHO declared H1N1 Swine Flu as a pandemic. The vaccine was given

¹⁸²<https://ethicalnag.org/2013/01/21/avandia-a-very-short-history-of-a-very-bad-drug/>

¹⁸³<https://www.scribd.com/document/208171404/Avandia-The-Intimidation-of-Dr-John-Buse>

¹⁸⁴<https://www.mynarcolepsyteam.com/resources/hypocretin-in-narcolepsy-and-how-it-affects-sleep>

to an estimated 31 million people, including children in Scandinavia and Northern Europe¹⁸⁵. In fact swine flu was relatively mild, so it was difficult to inflate it to Covid's later status as a terrifying killer. As well as inducing a high incidence of 'normal' flu vaccine side-effects, Pandemrix served as a triggering factor for narcolepsy from autoimmune attack in individuals with a particular HLA tissue type (DQB1*06:02), which is found in 12 to 25% of the normal population¹⁸⁶. In Scandinavia it is estimated that there was an 8 to 12-fold increase in the incidence of narcolepsy in children vaccinated against swine flu.

Enforced vaccination, narcolepsy and a British nurse's suicide

There were multiple legal cases, including that of Katie Clack, a nurse in the UK who was forced to be vaccinated against her wishes in order to continue her job as a nurse. She committed suicide after developing Pandemrix-induced narcolepsy¹⁸⁷. GSK's swine flu experience illustrates that individuals with specific immune types may be uniquely susceptible to particular immunological triggers; and of special relevance to Covid-19, this may have been taken as a warning by GSK, to be 'slow off the blocks', and that there are hidden dangers in rushing out novel vaccines. The UK government had to pay an estimated £60 million compensation to over 60 British victims who suffered narcolepsy and cataplexy) after taking Pandemrix. As we look in Mid-2022 at the ever-increasing evidence of the catastrophic effects of coerced 'vaccinations' with packaged synthetic spike protein mRNA, in which GSK seems to have kept its hands relatively clean by not

¹⁸⁵<https://www.bmj.com/content/362/bmj.k3948>

¹⁸⁶<https://pubmed.ncbi.nlm.nih.gov/34559298/>

¹⁸⁷<https://en.wikipedia.org/wiki/Pandemrix>

jumping on the band-wagon, it seems some lessons may have been learnt from this earlier debacle.

Sir Patrick Vallance, The UK Government's Chief Scientific Adviser

To a casual observer it may seem strange that throughout Covid-19, the British Government has relied extensively and exclusively on advice from Professor Sir Patrick Vallance, a man whose 12 years working for GlaxoSmithKline must surely mean he has conflicts of interest in Big Pharma. We have seen how Big Pharma is of necessity committed to making profits by invention and marketing of new and patentable drugs. Like Anthony Fauci of NIAID, Sir Patrick has admitted that he takes Vitamin D₃



Figure 8(1) Sir Patrick Vallance, former GSK Head of Drug Discovery, Now UK Govt Chief Scientific Adviser

supplements - but unlike Fauci, who takes a whopping 6,000 Units a day we are unclear how much Vitamin D3 Vallance consumes. We would certainly recommend Fauci-level doses.

The Sight-testing Home of GSK and Cummings' 'Porkie-pies'

The abrasive Dominic Cummings, architect of the 2016 Brexit 'Leave' vote and then of the December 2019 General Election, was later dismissed as Boris Johnson's adviser, and his recent remarks suggest that he doesn't hold a very high opinion of the late Prime Minister¹⁸⁸. He has said that he felt Johnson was unfit for office and should resign, just after the historic *'Let's Get Brexit Done'* victory that Cummings had engineered. However, the latter's own behaviour early in the pandemic was not only subject to criticism, for breaking his own lockdown rules, but also showed an extraordinary capacity to stretch credulity, in an era of exceptional Press gullibilisation! Thus, on Friday 27th March 2020, the day Boris Johnson became ill with Covid-19, Cummings' wife Mary Wakefield developed a flu-like illness, clearly also Covid-19. Dominic, who was not yet ill himself, then drove his wife and their 5-year old son northwards as far as Durham, where they stayed for 14 days ostensibly in isolation in a family house. On 12th April Cummings drove his family to the beauty spot Barnard Castle, 30 miles away, supposedly to see if his eyesight was fit enough for him to drive back to London! (Most of us are forced to have our sight tested first to see if we are fit to drive, rather than the other way round.) The Press seems never to have asked if Cummings paid a visit to GSK on his sight-testing trip.

¹⁸⁸ <https://www.theguardian.com/politics/2021/apr/23/dominic-cummings-launches-attack-on-boris-johnson>



Figure 8(2) *Beautiful Barnard Castle, location of Dominic Cummings' scenic sight-testing trip*

Good reasons for GSK's tardiness over its Covid vaccine?

It would indeed be expected if there was a press worth the name, for some news outlet to ask if there was any possible connection between this trip, Sir Patrick Vallance, and the Barnard Castle GSK vaccine production facility. At all events, two days later, GSK entered into an agreement to develop and manufacture a Covid-19 vaccine with Sanofi of France. On May 21st one year later, we hear that *'The Sanofi and GSK adjuvanted recombinant COVID-19 vaccine candidate achieved strong rates of neutralizing antibody responses, in line with those measured in people who have recovered from COVID-19, in all adult age groups in a Phase 2 study with 722 volunteers. A global pivotal Phase 3 study is expected to start in the coming weeks.'* In view of the role of adjuvants in the *Pandemrix* narcolepsy disaster, one wonders whether GSK itself has developed Corporate catalepsy. Or maybe, true to form, it just couldn't care less. At all events as of November 2022 this arrangement seems to have born fruit¹⁸⁹.

¹⁸⁹<https://www.sanofi.com/en/media-room/press-releases/2022/2022-11-10-15-36-50-2553486>

CHAPTER 9

MASKS, MYTHS, MUZZLES, ISOLATION AND SOCIAL DISTANCING

Manipulating our fear of the unknown

We are mostly concerned in this book with the ways in which Natural immunity, and especially global Vitamin D deficiency have been deliberately ignored and exploited in the Covid-19 disaster, to the advantage of Big Money and Big Pharma, and ultimately for the destruction of mankind. In this chapter we will explore how irrational policies have been used to create panic among the population, to produce necessary brainwashing, fear and what is described as *Mass Formation Psychosis*. We are as yet not certain of all the pieces and all the players, although it is very clear that there is a multi-generational element, that embraces features of psychopathy and totalitarianism, and the comfort of the crowd in times of danger, otherwise designated by Mattius Desmet, Professor of Psychology at Ghent University, as *Mass Formation*. Desmet articulated the theory of mass formation during the COVID-19 pandemic¹⁹⁰.

¹⁹⁰<https://www.youtube.com/watch?v=ob-11N4xC6c>

Mass Formation Psychosis

This occurs when fear leads to an irrational response, which then becomes enforced into *‘Mass Formation’* by a totalitarian leader or group. The behaviour, which is seen immediately as the truth in the eyes of about 30% of individuals most susceptible to hypnotism, gradually takes over more generally, and reinforces ever more totalitarian behaviour by powerful leaders. An example from the past is the Nazi greeting *‘Sieg Heil’* (‘All hail to victory’), its morphing into *‘Heil Hitler’*, and accompanied by the Nazi raised arm salute, which ultimately became part of German group think and behaviour. The behaviour becomes the symbol of acceptance, regardless of scientific data or ethical considerations that prove otherwise.

The are key components needed for Mass Formation Psychosis are; decoupling of societal connections; lack of sense-making; and free-floating anxiety and psychological discontent.

In the course of Covid-19 it didn’t stop there. We also saw a remarkable transfer of power to ‘expert’ paid-for virologists and pandemic modellers, Napoleon’s fellow pigs called upon as Orwell’s smartest animals on the farm. This forms a circular system that provides spurious support for politicians, who are known to be unreliable. *‘But there comes a point where we have to accept what the experts say’*, is a common chant by otherwise intelligent people, who do not seem to realise that most experts too have a purchase price.

Do masks work? The changing story

We are not really concerned in this book with the pros and cons of masks as a means of preventing or controlling the spread or reducing the severity of a highly contagious upper respiratory infection in a pandemic, except to say that at best the jury is out, even on masks used properly. This is of course not the case when

they are used by the general public. An interesting review was made early in the pandemic by Yuxin Wang and colleagues from Cincinnati, concerning both exhalation isolation and inhalation protection (ie breathing it out and/or in respectively) and they are highly circumspect about how effective they are in practice¹⁹¹. And certainly at the onset of the pandemic there was a plethora of mixed and self-contradictory messages coming from such supposed authorities as Dr Anthony Fauci, Head of the NIAID in the United States, who first said that it had little effect and then that it was highly effective. There is little doubt that the main definite effect was to instill fear, and even now when outdoor and indoor wearing of masks in Italy is no longer mandatory for the general public, in late 2022 they are still mandatory for the staff in shops and pharmacies; and all staff have to wear them at all times in hospitals, making it impossible for most elderly and all lip-readers to understand what they are being told or asked.

A very important element in this whole story is made by Jeffrey Anderson in his book *'The Masking of America'*¹⁹² We recognise and communicate with other human beings through our faces, and recognise much about the personalities of those we are talking to, through subtle signs of emotion. The opposite holds true - gangsters wear masks, admittedly not mere N95 face coverings to make themselves unrecognisable and hinder arrest, while robbing a bank! And it is especially ridiculous to make children, who are in any case at virtually no risk of dying from Covid, wear masks. Furthermore we have no idea what are the long-term harmful effects on young children being exposed to the emotionless faces of older individuals. The latest Cochrane review of published evidence on masks and physical measures¹⁹³ summarises its conclusions as follows; *'The variable quality and small scale of some studies is known from descriptive studies and*

¹⁹¹<https://pubmed.ncbi.nlm.nih.gov/33615150/>

¹⁹²<https://claremontreviewofbooks.com/the-masking-of-america/>

¹⁹³<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207>

systematic reviews of selected interventions. ... More high-quality RCTs are needed to evaluate the most effective strategies ...both on a small scale and at a population level. It is very unfortunate that more rigorous planning, effort and funding was not provided during the current COVID-19 pandemic towards high-quality RCTs of the basic public health measures. ...more attention should be paid to describing and quantifying the harms of the interventions assessed in this review, and their relationship with adherence'.

Masking, Gloves and Vitamin D3 production

To our knowledge there have been no double blind controlled trials to examine the effect of masks on production of Vitamin D3 in the skin of the face, because it falls into the category of 'bleeding obvious', for which no trial is necessary. Likewise for rubber gloves. Of relevance to this book is the obvious observation that since Vitamin D3 is produced in the skin, in proportion to the surface area of skin exposed to the unfiltered midday sun, to cover about half of the face with a mask when walking out of doors in sunshine must have a significant effect. This obviously depends on length of time, height of the sun, and all sorts of other factors, such as whether you are bald and/or wearing a hat. But it must be a real negative effect; and the same must apply to wearing gloves. Early in the pandemic in many countries people were restricted to staying indoors, and also to avoid beaches, with no suggestion that at least the known minimum daily requirement of Vitamin D of all sources to prevent rickets, variously judged to be 400 to 600 units a day, should be met by taking 400 to 600 units daily.

So-called Social Distancing

This is another example of Orwellian Doublespeak which is designed to instill widespread fear, for very little benefit to either the donor or the recipient of the virus. ‘Social’ and ‘distancing’, after all, are concepts that are normally mutually exclusive; such respiratory infections as Covid-19 and influenza are mainly transmitted from a heavily infected individual, through coughs and sneezes on social occasions. An infected sociable individual produces a splutter of large infectious droplets that drop quickly, accompanied by a shower of distant fine aerosolised particles into the air ready to be inhaled at leisure and well away. Whether the recipient is infected or not depends on the dose of virus s/he inhales, and the strength of their first-line defence natural immunity, which in turn depends *inter alia* on their blood level of the reservoir form of Vitamin D (calcifediol). If anything crucial is ignored, both the dose received and the resistance with which it is met, will vary accordingly. Better, surely, to ask people with acute respiratory symptoms to stay so far away from the social occasion as to be of no risk until they feel better and are no longer sneezing or feverish?

Temperature measurements and the proliferation of hand sanitisers

It was striking that at the onset of the pandemic a host of formerly unwitnessed happenings started to emerge, as if the whole thing had been pre-planned by some sort of global committee. These included temperature testing in supermarkets and airports; alcohol hand-sanitisers everywhere; pairs of stuck-down or stencilled soles at exactly 6 feet (1.8m) apart; instructions to ‘maintain your distance’; statement of maximum numbers allowed in; and of course progressively more stringent mask requirements. Loopholes also began to emerge, which included the

appearance of otherwise probably less than clean faces covered by disgusting and bacteria-laden dirty masks maybe inside out. And at the end, when restrictions had been lifted some people have now become addicted to masks because it makes them feel more protected from the stares of others. (It would be interesting to do a double-blind controlled personality assessment of such people, and measure their Vitamin D levels too). I have tried to get used to hand sanitisers, but having always made a point (albeit not necessarily according to instructions) of washing my hands before meals, after using a hand sanitiser of unknown origin, I am afraid I still feel distinctly dirty. And worried that I might be applying methyl and not ethyl alcohol, as well as all the many other ingredients to which I might be allergic. And what about those airport forehead temperature measurements? Well, there have been studies that show that they are unreliable if used outside when the individual is not equilibrated to room temperature for at least 10 minutes¹⁹⁴. We are left with the conclusion in Italy that none of these new Covid measures are of any value except if we accept that that is the whole point. Their function is to ensure compliance, and therefore the more intrinsically pointless they are, the better.

Polymerase Chain Reaction (PCR) tests

The German Professor, Christian Drosten, has been the main brain behind the use and abuse of the Polymerase Chain Reaction (PCR) test in testing for Covid-19 infection¹⁹⁵ This technique, by Professor Drosten's own admission when he developed it, is not valid for confirmation of an active infection. This is because its accuracy depends on the number of cycles of amplification needed, which for an active infection is 20 or less. It is

¹⁹⁴<https://www.medicalnewstoday.com/articles/forehead-thermometer-accuracy>

¹⁹⁵<https://seemorerocks.is/christian-drosten-the-fraud-behind-covid-19-pcr-testing/>

of doubtful validity if more than 30; higher than this it becomes progressively more unreliable, until above 35 cycles it becomes meaningless and should be recorded as negative. Since the cycle number applied is usually arbitrary, PCR is highly unreliable as a marker of SARS-CoV-2 infection. Furthermore, depending upon the base sequence amplified it does not distinguish between active infection and the spike protein used in the pseudo-vaccine. Yet throughout the pandemic it has been (un)relied upon extensively.

Isolation indoors and banning beaches; death-knell of Vitamin D3

At the start of the pandemic in Italy, when panic was spreading southwards, people living in flats in Rome were confined indoors for weeks during the early spring, about the time when other people were being banned from beaches in California. In our local town, Monte Castello di Vibio, in Umbria, we had a very nice and popular Catholic priest from The Congo, and I gave him at very little cost two years' supply of Vitamin D as 100,000 Unit vials of *Dbase*, with instructions to shake the contents of one vial a month onto a small piece of bread, and eat it. In August of that year I approached a white American priest, who was living in the house of American friends and was told that some 50 priests¹⁹⁶, many of them black, had died of Covid in Bergamo. He listened to me and suggested I contact Cardinal Peter Turkson of Ghana, who had been charged by Pope Francis to consider the Vatican's response to the pandemic. I duly wrote to him, arguing that all Italy's black priests should be given Vials of Vitamin D3, and that this would be an excellent example to come from the Catholic Church. As far as I can tell my letter had no effect. It is even possible it got Cardinal Turkson demoted.

¹⁹⁶<https://www.bbc.co.uk/news/world-europe-52015969>

China, America and the Profits of Doom

It is of great interest, and not a little puzzling to try and work out what game is being played by China in its rounds of travel restrictions and Covid infections. A zero tolerance Covid policy was declared in Beijing, in effect a declaration of War against a synthetic virus, with a requirement for six negative test results over 8 days for any passenger arriving in China. Of course these tests were done at a profit using China-made testing kits, so it was presumably self-financing. And the quarantined visitors lived in a state of suspended animation in hotels, paying for the privilege as well as their food, in much-needed foreign currency. It is worth here recalling that the virus *SARS-CoV-2* in its various and mutating forms, is in fact a synthetic bioweapon, made albeit with US money and assistance, in a French-constructed P4 laboratory in Wuhan, by a Chinese bat-woman called Shi Zheng-Li. And that the owner of the French firm that constructed the lab, Alain Mérieux, is a personal friend of now three-times elected President Xi Jinping!¹⁹⁷ It may also be well to recall the esteem with which current Chinese leaders hold the Warring States Military leader Sun Tsu, author of the world-famous treatise on *The Art of War*. His art was to win if possible through deceit and subterfuge without so much as an arrow being shot. So we may do well to enquire who is playing what game and by whose rules.

One more thing worth pointing out is that the mortalities from Covid-19 in the USA and in China are wildly different, supposedly with less than 6,000 deaths in China, as against an estimated one million deaths in the USA¹⁹⁸. That, at least, is what they say between lying teeth. And bearing in mind the 'Black Lives Matter' campaign in the USA that came to a head with the killing by police officer Derek Chauvin of George Floyd

¹⁹⁷<https://www.wsj.com/articles/SB1021577629748680000>

¹⁹⁸<https://www.counterpunch.org/2022/07/05/covid-deaths-in-the-us-over-1-million-and-china-about-5000/>

in May 2020, we might do well to remind ourselves that Vitamin D deficiency is especially rife among US Blacks. Many white racists are happy to see disproportionate deaths among those whose forebears were imported as slaves from equatorial Africa. If such lives really matter, then surely there would be support for pushing for blood Vitamin D level equality across the races in the USA? Rather than pushing wave after wave of Pfizer and Moderna pseudo-vaccines, which put ever more stress on the Vitamin D-dependent natural immune system, which is bound to have a disproportionate effect on black people.

So, meanwhile, is China also working hard to hyper-vaccinate its own population, against the nucleic acid coronavirus bioweapons that it helped produce in Wuhan? Well, it seems not to be trying quite as hard as we are in the West to kill off its own citizens, realising of course that yellow lives also (and maybe even especially) matter. To the declared puzzlement of the Western brain-washed masses, China seems to be playing safe, avoiding Western RNA vaccines, and going for a homegrown and conventional vaccine approach. Thus she has two conventional Covid vaccines, Sinopharm and Sinovac, which she has been using on her populace, while stalling over the use of Moderna and Pfizer RNA pseudo-vaccines so beloved in the West where it seems to be leading to a massive increase in death rate across all age ranges, including the young. Maybe in the battle between East and West, General Sun Tsu is in fact still alive and well, despite his now great age!

Muzzling of the mainstream media

There is at least one more small sound that seems to be screaming out all over the Covid-covered media space and that is the Sound of Mainstream Silence. It is so deafening that it must have been both planned and paid for at all levels and progressively over many years. Documents show that Bill Gates has paid \$319

million¹⁹⁹ to over 50 media outlets. According to The Grayzone, ‘recipients of this cash include many of America’s most important news outlets, including CNN, NBC, NPR, PBS and The Atlantic. Gates also sponsors a myriad of influential foreign organizations, including the BBC, The Guardian, The Financial Times and The Daily Telegraph in the United Kingdom; prominent European newspapers such as Le Monde (France), Der Spiegel (Germany) and El País (Spain); as well as big global broadcasters like Al-Jazeera.’... despite frequent characterizations of Gates “giving away” his fortune, his net worth has actually doubled in the last two decades...²⁰⁰ Since shortly after its founding, the foundation has owned stakes in several drug companies. A recent investigation by The Nation²⁰¹ revealed that the Gates Foundation currently holds corporate stocks and bonds in drug companies like Merck, GSK, Eli Lilly, Pfizer, Novartis, and Sanofi.

And what does Bill Gates have to say about boosting natural immunity with Vitamin D, Zinc and Vitamin C?²⁰² As early as April 2020 we have the following headline in Dark Outpost

‘Bill Gates REFUSES To Recommend Nutrition (Zinc, Vitamin D, Vitamin C). And Instead Focuses Entirely On Vaccines And Police State Tracking.’ And an incidental little-know fact about Bill Gates is that he is red-green colour blind²⁰³, a defect that afflicts around 4% of the male population the gene being located on the X-chromosome of which genetic males have only one. Among the super-wealthy this feature is shared with Mark Zuckerberg²⁰⁴.

¹⁹⁹<https://www.wsj.com/articles/SB1021577629748680000>

²⁰⁰<https://www.thenation.com/article/society/bill-gates-foundation-philanthropy/>

²⁰¹<https://www.thenation.com/article/society/gates-foundation-colonialism/>

²⁰²<https://darkoutpost.com/unexplained/bill-gates-refuses-to-recommend-nutrition-zinc-vitamin-d-vitamin-c-and-instead-focuses-entirely-on-vaccines-and-police-state-tracking/>

²⁰³<https://leverageedu.com/blog/education-of-bill-gates/>

²⁰⁴<https://techwelkin.com/facebook-is-blue-because-mark-zuckerberg-is-colorblind>

CHAPTER 10

THE DEPLORABLE STORY OF OFFICIAL TREATMENTS FOR COVID-19

Biology and evidence versus Klaus Schwab's Great Financial Reset

Over the past three years it has become increasingly evident that this whole clumsy Covid-19 Pandemic has been contrived, and that the Powers That Be (PTB) have forgotten that even the super-rich and super-powerful, are part of biology, and are destined to die just as the rest of us are. Do they really have futuristic dreams in which Big Money can morph them into becoming new virtual time-warped species, part human, part machine, that will for ever rule a world in which money can buy eternal life, while normal humans will need permission merely to exist? Because at its most extreme *Gatesian* level, that seems to be what Klaus Schwab is suggesting by his 'Great Reset'. And of course in many ways, by going along for so long with their WEF lies and delusions, those of us who have not nodded off altogether or otherwise died may over the years have also inadvertently fed this delusion. Money may not make the world go round, but as Gates' erstwhile BMGF buddy Warren Buffett has worked into an art form, it can certainly be used to make the money go round by making more money. *Ad infinitum*. Incidentally, I have just noted that Buffett is no longer one of the Directors of the

erstwhile BMGF, which with the departure of Bill's pedophilic-ac-protesting ex-wife Melinda, I presume BMGF should now transmute back into the simple GF!

The fascist folly of Agenda 21 and the Great Reset

We strongly recommend two quite different books, respectively by Glenn Beck (*The Great Reset*)²⁰⁵ and Dr Vernon Coleman (*Endgame*)²⁰⁶, books that brought us up to speed with the massive long-drawn out elitist plot variously referred to as 'the Great Reset' and 'Agenda 21'. The central theme of both is that the Wealthy Elite, nurtured by Klaus Schwab and his Post-Hitlerian Fascist gang, believe the world is overpopulated and are using pandemics and inoculations to kill off the rest of us and make themselves ever-richer. These books among many others demolish the absurdity of Al Gore's thesis that rising carbon dioxide levels are driving rather than following rising temperatures²⁰⁷. This theory also ignores the fact that plants recycle CO₂ and emit oxygen, and is instead to be combatted by aiming to eliminate fossil fuels in favour of burning biofuels (wood), and massively increasing solar and wind power, which are both inefficient and highly destructive. Not to speak of the folly of universal electric cars that depend on China's strip-mining of rare earth metals.

WHO in the back seat

The WHO is the branch of the United Nations notionally charged with sustaining and improving world health, at least of the poorer nations of the world. Unfortunately it has been do-

²⁰⁵<https://www.glennbeck.com/glenns-books/the-great-reset>

²⁰⁶<https://vernoncoleman.org/books/endgame-hidden-agenda-21>

²⁰⁷https://en.wikipedia.org/wiki/An_Inconvenient_Truth

ing this extremely badly, and is likely to get much worse. This whole process was not helped when in 2020 the Trump Administration, in the middle of the Covid-19 crisis, withdrew the US annual budgetary contribution to the WHO of \$893 million. This has now been fully taken up by Bill Gates²⁰⁸, who was already the second major contributor, and who now has the status (and power) in the UN & WHO of an honorary country²⁰⁹. So it comes as no real surprise that WHO policy over management of Covid-19 in 2020 and 2021 has been “2 Vs”: Vaccination and Ventilation, with nothing in between. Ever more vaccinations are being performed, on ever younger groups, in the fight for the future to wrest humanity from Nature into the transhuman jaws of the ignorant hyper-rich. And it is increasingly clear that the US Center for Disease Control is also involved²¹⁰.

Meanwhile, from the beginning, sick people with Covid-19 received no treatment until they were ill enough to enter the ICU and be put on a ventilator²¹¹, which often killed them. Basically, classical Hippocratic medical practice was thrown out of the window, with threats to many who actually cared for the sick and helped them get better at home. By and large, with the instillation of fear and intimidation over much of the world, ordinary empirical caring management of the sick was ridiculed and abandoned. Put another way, there has been a progressive and relentless process whereby money has become so powerful that all voices of medical dissent have been bought off.

²⁰⁸ <https://www.brightworkresearch.com/how-bill-gates-bought-control-over-the-who/>

²⁰⁹ <https://www.armstrongeconomics.com/world-news/conspiracy/bill-gates-has-been-controlling-who/>

²¹⁰ <https://easyhealthoptions.com/cdc-bed-big-pharma/>

²¹¹ <https://news.bloomberglaw.com/coronavirus/almost-9-in-10-covid-19-patients-on-ventilators-died-in-study>

Very simple existing medicines that could have been used

Going back to first principles, viruses are simple partial life-forms that have a limited vocabulary; in the case of coronaviruses there are 16 non-structural proteins, and five structural proteins that are inserted into the lipid membrane. One of these is the notorious spike protein that binds to the human ACE2 receptor. Inside the membrane is the 30,000 base long segment of mRNA, which needs to be inserted into the cell, translated into more viral envelope proteins, and also copied. There are obviously a multitude of different ways in which the viral load can be reduced, and these include two safe repurposed drugs, both long out of patent, namely hydroxychloroquine²¹² and Ivermectin²¹³.

Hydroxychloroquine

In November 2020 Prodromos and Rumschlag²¹⁴ carried out a detailed review of 43 studies of hydroxychloroquine in Covid-19 and concluded that used at normal doses it was safe and effective, especially when given early in the disease and in an outpatient setting. The cost of a course of treatment was under \$20, as opposed to \$3,100 for Gilead's toxic IV Remdesvir²¹⁵. Hydroxychloroquine wasn't used, indeed it met with complete obstruction, because it would have spelt death to the roots of the Great Klaus Schwab Reset Money-making Tree. It cannot be a coincidence that Anthony Fauci is heavily invested in Remdesvir, which was pioneered by Professor Mark Denison of Vanderbilt University in Nashville, Tennessee.

²¹²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534595/>

²¹³https://journals.lww.com/americantherapeutics/Fulltext/2022/12000/Ivermectin_for_COVID_19_The_2022_Update.7.aspx

²¹⁴<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534595/>

²¹⁵<https://www.cNBC.com/2020/07/10/gilead-says-remdesivir-coronavirus-treatment-reduces-risk-of-death.html>

Ivermectin

Ivermectin is also an extremely safe, well-tested and effective drug, derived from the plant *Artemisia annua*, and has long been used widely in animals and man in the prevention and treatment of nematode (worm) infections. In 2015 two clinical scientists William Campbell and Satoshi Omura were awarded the Nobel Prize in Physiology or Medicine for their work, and the resultant major breakthrough in management of such tropical nematode diseases as microfilariasis, and onchocerciasis (River Blindness)²¹⁶. (The other half of the prize, went to Dr You You Tu for her work on the antimalarial artemisinin, which is extracted from the same plant)²¹⁷. Ivermectin also has an anti-viral effect against positive single-stranded RNA viruses, including coronaviruses; this effect is in large part through blocking 3-chymotrypsin-like-protease (3CL-pro), which is one of the above-mentioned 16 non-structural coronaviral proteins. This enzyme is necessary for auto-cleavage of a series of 10 other of the virus' non-structural proteins²¹⁸. In this way Ivermectin impairs the later assembly of the virions for export of viruses from infected cells, so stopping the infection in its tracks. Ivermectin is also highly effective, as well as safe, but of course also unacceptably cheap. It is outrageous that the NIAID and NIH under Anthony Fauci and Francis Collins are not interested in fighting this virus in the most efficient and inexpensive way. Instead they are closely wedded to, indeed driving Big Pharma in an orchestrated disinformation campaign against the numerous clinical trials that have shown the effectiveness of Ivermectin, separately and in combination with hydroxychloroquine, against Covid-19²¹⁹.

²¹⁶<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4287931/>

²¹⁷<https://www.nobelprize.org/womenwhochangedscience/stories/tu-youyou>

²¹⁸<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8225706/>

²¹⁹<https://graphql-ra-dev.roboticsacademy.fiu.edu/d/20852-which-is-better-for-covid-19-ivermectin-or-hydroxychloroquine>

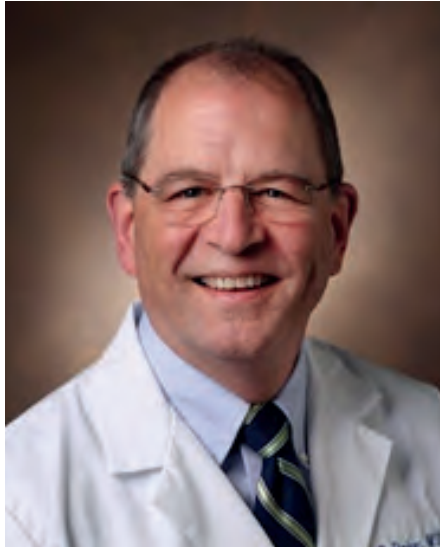


Figure 10(1) *Professor Mark Denison planner and patenter of the toxic anti-viral Remdesvir*

In June 2021 the Oxford group of investigators under the acronym of PRINCIPLE stated the intension to undertake a trial of Ivermectin, recruiting 11768 participants. About a year later the trial came to a premature and inconclusive end, because *'supplies of ivermectin could not be maintained'*. The most charitable interpretation is that before concrete data was published, Big Brother and Big Pharma had nailed their stakes to the mast of untried RNA and DNA 'pseudo-vaccines', and other patented drugs, and that these were so far advanced that they could not back down. The least charitable is that they could not have cared less, and were all well aware of the inevitability of serious side effects in vulnerable people, but had developed the Big Brother system past the point of no return. They were confident that with propaganda, fear, social isolation, and decades-long corruption of the Medical Profession at the feet of Big Pharma, they

could safely apply their Event 201 fantasy and fear-based system; eliminate science and create the missing ‘facts’ where needed from thin air. They had clearly learnt the lessons from Swine ‘Flu of 2009, and were not going to be blind-sided by science and truth a second time.

Vitamin D-metabolites; calcifediol and calcitriol

We have examined early in this book the nature and roles of Vitamin D and its principal metabolites in physiology and disease, and we need to emphasise here once again some important aspects, which have a strong bearing on what we should recommend for viral prevention and treatment. Regrettably, Government Health policies in the United States largely reflect pharmaceutical policies, and these hinge to a great extent round the incestuous relationships between the NIH, NIAID, and CDC on the one hand and Big Pharma on the other. Right at the centre of this scam lies Dr Anthony Fauci, Head of NIAID since 1984. We have seen from the start of the pandemic evidence that this virus, as with many others, exploits Vitamin D deficiency, and we tried hard to persuade the medical powers that be to fight against D-deficiency as part of its principal medical platform²²⁰ It has become increasingly apparent that, thanks in large part to the PRRA Furin Insert, those infected with the virus are especially vulnerable if D-deficient^{221 222}.

Based on numerous studies on other viral infections, we argued that the wide spectrum of severity of the disease caused by SARS-CoV-2 probably lay at the feet of variable levels of D-deficiency, but it was of course uncertain that Vitamin D3 in one

²²⁰<http://www.dravidgrimes.com/2020/08/vitamin-d-and-covid-19-book-is-now.html>

²²¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8509048/>

²²²<https://pubmed.ncbi.nlm.nih.gov/33494095/>



Figure 10(2) *Artemisia annua*, traditional Chinese herbal remedy, and source of 2015 Nobel Prize for Ivermectin and artemisinin

or other form would be effective for treatment of the more advanced, near-terminal case. An early and imaginative approach was pioneered in Córdoba, Spain²²³ and then in Barcelona²²⁴ by conducting trials on patients admitted to hospital on account of serious Covid-19, with the partially activated blood-borne reservoir form of Vitamin D3, calcifediol. The results showed spectacular benefit, and yet the papers were ignored and then rubbished by individuals who should have known better. The UK National Institute for Health and Care Effectiveness (NICE) advised that doctors should not use Calcifediol²²⁵ This negligence will inevitably have contributed to the 133,000 Covid-19 deaths in the UK, and many more thousands in other countries. And it opened the way for the launching of highly toxic transgenic spike protein pseudo-vaccines, now being ruthlessly unleashed

²²³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8224356/>

²²⁴<http://www.drdauidgrimes.com/2021/02/covid-19-and-vitamin-d-success-of.html>

²²⁵<http://www.drdauidgrimes.com/2020/10/covid-19-and-vitamin-d-nice-fails-us.html>

on the young right down to innocent and already hyper-vaccinated small children²²⁶.

No doubt realising the disasters of the vaccines, Pharmaceutical companies are busy producing new patented supposed treatments for Covid-19, while the very successful clinical trials of calcifediol and calcitriol (see below) remain ignored. Despite effectiveness, safety and cheapness, all forms of Vitamin D remain unused within official public health measures and within our hospitals. We have experienced more than 139,000 Covid-19 deaths in the UK, and the denial of Vitamin D is outrageous. Covid-19 cases and deaths increased as we entered our winter, the last Vitamin D deficiency season. Are we ever going to correct widespread Vitamin D deficiency? Or are we so deep in the pockets of Big Pharma and Big Criminals that by turning a blind eye we continue to make things ever worse. This is surely on the WEF's crackpot trans-humanist agenda²²⁷.

Different forms of Vitamin D for Covid prevention and treatment

A great deal of calcifediol is produced each year, mainly in China, and most of it is destined for cattle. It seems we accept without question the common occurrence of Vitamin D deficiency in human beings, even at times of crisis, but find it unacceptable in cattle! Furthermore calcifediol is readily available without prescription from pharmacies in Spain, Italy, France and Germany, but not in the UK²²⁸. Approval for human use in Covid-19 would have been a simple process but it did not happen. It circulates in the blood as the natural reservoir form for all

²²⁶<https://www.cdc.gov/media/releases/2022/s1012-COVID-19-Vaccines.html>

²²⁷<https://www.technocracy.news/how-the-world-economic-forum-promotes-trans-humanism/>

²²⁸<http://www.drdauidgrimes.com/2020/12/covid-19-vitamin-d-calcifediol-has-96.html>

systems to draw from, ready for instant use when required, and in sick patients in need of urgent Vitamin D supplementation, and is the obvious form of choice over both cholecalciferol (D3 itself), and calcitriol.

Vitamin D3, (cholecalciferol)

As already explained, this is formed by the action of UVB light on 7-dehydrocholesterol on the skin, and has only one hydroxyl group, in the 3 position, and so is highly fat soluble. When given by mouth, it is therefore slowly absorbed from the gut, along with other fats, into the lymphatics. These drain via the thoracic duct into the bloodstream in the superior vena cava, and this is a slow process. Vitamin D then travels to the liver, where the second hydroxyl group is added, to form calcifediol, the blood reservoir form from which all tissues must draw. Another disadvantage of Vitamin D3 (cholecalciferol) is that being fat soluble, in obese people much is sequestered in fat.

Calcifediol, 25OHD3 versus calcitriol, 1,25(OH)₂D3

Being more water soluble than the precursor cholecalciferol, calcifediol is well absorbed through the mucous membrane of the mouth and oesophagus straight into the bloodstream, from whence it can be used immediately. Calcitriol, on the other hand has three hydroxyl groups, and so is even more water soluble. In this form, it is normally made from 25OHD to function as a calcium regulating hormone under direction of PTH in the kidney tubules, travels in the blood to gut and bone, where it promotes calcium absorption. So calcitriol has to be given with caution, as even a modest overdose carries a risk of causing hypercalcaemia, which is of much lower risk with calcifediol, and zero risk with

D3 itself. Illogically, calcifediol is not made readily available in the USA, but calcitriol is.

A small trial of calcitriol²²⁹

So we now turn to a small double blind study from New York of 50 patients with Covid-19, half of whom were given 5 mcg daily of calcitriol, and an equal number placebo. And in this hospital setting calcitriol was very well tolerated, with no hypercalcaemia, and it was also highly effective. There were three deaths in the control group and none in the calcitriol group; oxygenation at time of discharge improved significantly in the treated group; fewer went into intensive care; and the time in hospital was 5.5 days as opposed to 9.2 days. So we conclude that where calcifediol is not available, calcitriol for which doctors fully appreciate the risks, can be safely used, on the Hippocratic basis 'first, do no harm'.

Different standards applied to vaccines; just follow the money

We should remember that pseudo-vaccines were authorised for emergency use despite no evidence of an effect on hospital admissions or deaths, without completed safety studies, and in the full knowledge of a risk of serious side-effects. As with hydroxy-chloroquine and ivermectin, there has clearly been a high-level international directive that any benefits of Vitamin D3 (or its metabolites) must be denied, so as to enable Emergency Use Authorisation (EUA) of the numerous unlicensed, patented and so expensive vaccines. Heads should clearly roll for this outrageous

²²⁹ <https://scholars.mssm.edu/en/publications/a-randomized-pilot-study-using-calcitriol-in-hospitalized-covid-1-2>

abuse of pharmaceutical and financial corporate power; but how many more deaths and disasters are needed before the extent of such crimes against humanity is realised in an International Court of Law?

As Abraham Lincoln said *'You can fool all of the people some of the time, and some of the people all of the time, but you can't fool all of the people all of the time.'* Lincoln, who was himself assassinated, might well have added in reference to the recent sudden and unexpected death of Nobel Laureate Luc Montagnier; 'and you can't necessarily kill all of the people who haven't been fooled.' As we write these words, the principal author (DCA) has linked up with Professor Tritto, and with the help of Barbara Benazzi, an excellent and highly ethical Italian lawyer, we have submitted a detailed case to the International Criminal Court in the Hague²³⁰ This, based on overwhelming evidence, is directed against nine people who, we argue, individually and together funded and made the SARS-CoV-2 synthetic coronavirus bioweapon, which we maintain is the primary Crime Against Humanity from which all the others follow. Whether corrupt and ruthless heads roll or not will depend on the extent to which The Nuremberg Law, and Treaty of Rome have remained intact. Only if it has will the BMGF/WEF/NIAID edifice start to crumble.

Zinc Treatment for Covid-19

There have been many studies on the use of zinc salts in the treatment of Covid-19, and these are rather limply and dismissively considered in the NIH Covid-19 guidelines²³¹. The most frustrating thing about these and many other guidelines is that they do not refer to how zinc and vitamin D interact with one another or with zinc ionophores such as ivermectin and hydroxy-

²³⁰ ICC Ref No, Mark P Dillon OTP-CR-592/22

²³¹ <https://www.covid19treatmentguidelines.nih.gov/therapies/supplements/>

chloroquine. Zinc fingers are integral to the action of the Vitamin D receptor (See Figure 4(4)) and indeed to those of many specific steroid receptors on their target organs. In the context of natural immunity it seems fairly obvious that zinc is an essential mineral whose deficiency is bound to be detrimental to the immunosuppressive effects of vitamin D metabolites and vice versa.

CHAPTER 11

COVID-19 & VITAMIN D 2020-21: NATURE AND ANTI-NATURE

by Dr David Grimes

Covid-19 reveals the changing face of Medicine

We qualified as doctors in the 1960's at two different UK medical schools, DCA in St Andrews and Dundee, and DSG in Manchester. We started with the classical pre-clinical subjects of Anatomy, Physiology, and Biochemistry and from the beginning we were infused with new names and facts, and a completely new dictionary. It became clearer later in the course, in our clinical years when we came to see patients, that most of this knowledge was irrelevant, but that does not necessarily mean it was wasted; as it might later have helped us use our brains in real medical practice. Finally, as now qualified doctors we were thrown in at the deep end of managing sick people, and were instantly expected to be able to swim. The system was far from perfect, and it was pretty clear something had to be done about medical education, so various methods were devised. The 'sink or swim' method was changed to a more problem-based approach, which finally seems to have morphed into sacred guidelines and what we might unkindly call '*Medicine by Numbers*', rather than '*Medicine by using your head*'.

Of course agreed guidelines, based on a critical analysis of the medical literature, are all very well in theory, but you still need doctors who will look and listen as well. There are problems with application of guidelines, of which one stands out. This is that large committees tend to settle for the lowest common denominator, achieved by clamour and consensus; all too often they then feel obliged to carve the new rules on tablets of stone. Scientific truth should always be arrived at by reasoned argument based on facts, common sense and discussion. A further major problem has been commercialisation of medical education funded by an ever-expanding pharmaceutical industry, where all too often greed has meant that even previously high quality journals like the *New England Journal of Medicine*, *The Lancet*, and *Nature* can be subverted by money to obscure truth. Covid-19 has been like a meteorite impact cracking open a dormant lava field of lies ready to erupt below the surface.

Covid cases and deaths in the UK. 2020, the year of nature

Covid-19 first made an impact in the UK in March 2020. By March 23rd there had been a total of 258 deaths of people with Covid-19 and so following the advice of government advisors “Lockdown” became national policy. This meant closure of universities, schools, places of worship, places of entertainment and leisure, and also much of the economy. The impact on the pandemic was not very obvious, and we can see from the time-line.

Recorded Covid-19 deaths continued to increase up to a peak in mid-April 2020 of almost 1,000 deaths each day. After that there was a decline. This was entirely predictable, as we know from experience that deaths from respiratory infections decline during the summer months. As summarized in our first book, we argued for Vitamin D repletion of the population, but were repeatedly ignored in favour of dubious mathematics, driven by predictions of pandemic modeler Professor Neil Ferguson. Cases

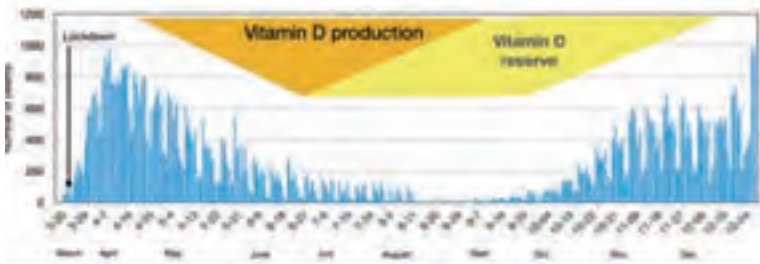


Figure 11(1) *Progress of the Covid-19 pandemic over 2020, with number of officially recorded deaths, and estimated Vitamin D production and then reserve profile*

and deaths continued to fall steadily to a minimum in August 2020, when daily deaths reached single figures. At this time Vitamin D stores would have been maximal in all who were well enough to spend time out of doors. The hospitals that had been struggling with the impact of Covid-19 found themselves almost empty, with little work to do. This was of course a good thing, though it turned out to be only temporary.

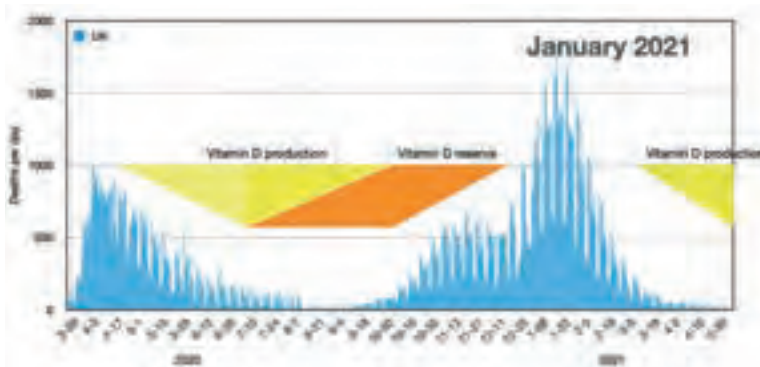


Figure 11(2) *Same data as in Figure 11(1) extended into early 2021*

It was to be anticipated that case numbers and deaths would increase after mid-September, when Vitamin D synthesis comes to an end in the UK (latitude 53 degrees and more, north of the equator). Vitamin D stores therefore would progressively diminish. So the numbers of Covid-19 deaths each day increased to a plateau in late November and December, to about 500 each day. The pattern is exactly what would have been predicted on the basis of experience of previous epidemics.

The Vitamin D deficiency message mainly falls on stony ground

We ourselves worked hard to get the word out that people needed to take decent amounts of Vitamin D3. It was obvious to us and our colleagues at BAPIO, by April 2020 that among doctors in Britain, most of those who had died from Covid-19, (25 of the first 26), were of Black or Asian ethnicity, and Vitamin D deficiency was the obvious explanation. With Professor Parag Singhal, we got the message out to BAPIO (British Association of Physicians of Indian Origin) members by email, and offered to send them immediate Vitamin D3 supplements in the form of vials of 100,000 Units, for oral or IM use, which were available across the pharmacy counter without prescription, in Italy. Almost immediately, deaths of doctors in the UK came to an abrupt end but the obvious explanation, the effect of D-repletion, was not acknowledged. Of 560 doctors who took the contents of vials of 100,000 units of D3, there were only 17 further cases of Covid-19, and all of them were mild²³². Incidentally, a box of 6 such vials costs 4 Euros; in contrast Anthony Fauci-recommended drug Remdesivir, which is highly toxic and has to be given intravenously, is made available by Gilead at a price of \$3,200 (about 3,000 Euros) per treatment course!

²³² Dr Parag Singhal, personal communication

2021 the year of anti-nature

Of course it must be born in mind that all data on ‘cases’ depend on PCR testing, which does not distinguish between Covid-19, and the spike protein vaccines. Furthermore, as we have already explained, the result depends on the number of amplification cycles. and in most instances no ceiling was set. Anyway, throughout 2020, in the UK and across the world the official story-line was that a dangerous pandemic was set to continue and the only hope of salvation was universal nucleic acid ‘vaccination’. It is now, at the time of writing (2022) becoming ever-clearer that despite widespread predictions from many sources, including ourselves, of the rash folly of such a policy, those in power were hell-bent on such a course, and had from the start made it ‘too expensive to fail’. We were entering the World Economic Forum’s Great Reset, dictated by big money, scientific ignorance and arrogance, and espoused by the UK’s then Prince Charles at the WEF meeting in June 2020²³³. It became ever clearer that anti-science and anti-nature were rigging the odds in their favour by paying many pipers, in the Press and elsewhere, to play their tune and theirs only. The Pied Piper of Big Pharma would and did stop at nothing, as they led countless innocent people to death or disability. And this has even included their own children.

The policy of ‘pseudo-vaccination’ started in the UK in mid-December 2020. To the surprise of many, in early 2021, rather than a continuing winter plateau of cases and deaths, January saw a sudden increase from about 500 Covid-19 deaths each day to a rapid peak reaching 1,500 Covid-19 deaths each day (fig.11(2)). This was followed by a decline during February. This was all unexpected and puzzling, especially as it followed the introduction of the new vaccines in mid-December. The

²³³<https://thehill.com/opinion/energy-environment/504499-introducing-the-great-reset-world-leaders-radical-plan-to/>

number of cases per day fell rapidly from a maximum of 68,053 on January 8th 2021 to 2,235 on May 23rd. At this stage we

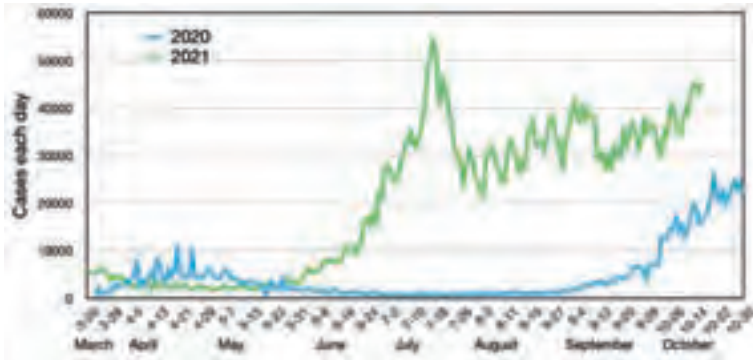


Figure 11(3) *Covid-19 cases per day; 2020 (blue) and 2021(green), (Mar to Oct) compared*

were tentatively reassured. Was the pandemic going away?

No, instead we see that suddenly from January 2021 there was a sharp rise in apparent ‘Covid cases’ and deaths. Then in July, 2021, at the height of a good summer, there was a further sudden increase in apparent Covid-19 cases. The number of new cases per day increased to an astonishing 54,674 on July 17th, then fell, stabilising at about 40,000 per day. This was completely unexpected by the authorities, especially as the vaccination programme was being rolled out so well, with most of the population already double-vaccinated. In the UK during the summer of 2021 we experienced between 30 and 50 times more cases of Covid-19 per day (green line) compared to 2020 (blue line).

We expect an increase during the autumn, but we expected fewer rather than more cases in 2021. The policy became third vaccinations for all. (Fig 11(4)) This dramatic increase in cases in July 2021 (marked in the yellow box) was clearly against the pattern of nature, and against our experience of natural Vitamin D-dependent immunity. The quiet summer of 2020 was not the

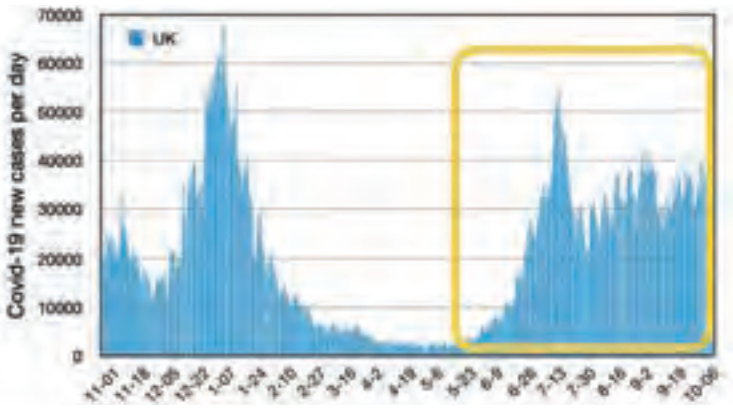


Figure 11(4) *Note dramatic increase in new ‘cases’ from Dec 2020 to Feb 2021. Second rises in cases coincided with start of policy of 3 doses for all from June 2021 (yellow box)*

experience of 2021. What was happening? Is there a causal relationship between the vaccination programme of 2021 and the peak of Covid-19 cases? Are the PCR tests identifying viruses or just spike proteins from the vaccines? The findings from other countries are highly informative and match those in the UK. The Netherlands had the same experience, the onset slightly later than the UK, but the increase far steeper so that the peak was reached in mid-July in both countries.

Figure 11(5) shows that in the UK Covid-19 deaths decreased substantially during July and August 2020, the year of nature, as shown by the blue line. In 2021, as shown by the green line, the numbers of deaths each day were initially low but then increased. On September 9th 2020 there were 3 Covid-19 deaths in the UK. On the same day in 2021 there were 185 recorded Covid-19 deaths. Between July 1st and October 10th, there were 2,009 Covid-19 deaths in 2020, but 6,370 in 2021. This is both astonishing and disturbing. Why should the summer of 2021 have been so much worse than 2020? We expected that nature would bring about minimal Covid-19 cases and deaths during

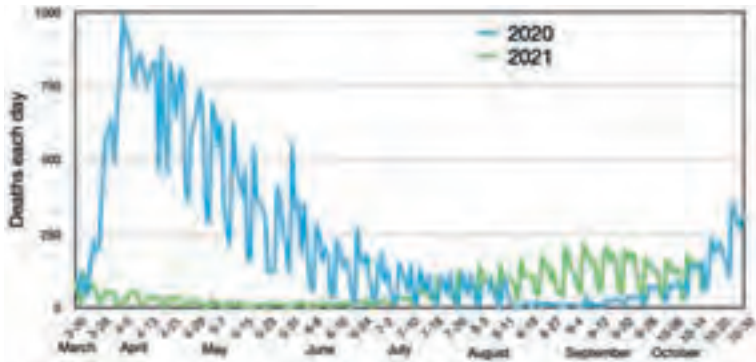


Figure 11(5) *Covid-19 deaths per day 2020-2021*

the summer of 2021, and that the numbers would have been even lower than in 2020 with the additional benefit of the vaccination programme. But we saw a massive increase in the number of cases and an increase in deaths. Something had gone seriously wrong.

Patterns in other countries in Europe

These patterns are seen in a less dramatic form in most other countries in Europe – in France, Switzerland, Germany, Denmark, Spain, Ireland, Italy, Finland, Norway, Austria, Belgium, and others. Iceland experienced the most dramatic peak of all during the summer of 2021. What was happening in this, one of the most vaccinated of countries? (Fig. 11(2)).

The steepness of the peak in Iceland during late July and August 2021 is extraordinary, yet has so far not received any official comment, perhaps because it is completely out of keeping with the official narrative of the pandemic and the vaccination programme. In late October 2021 we see the start of another peak, perhaps an early warning of a winter effect. Austria, also experienced a summer increase. This late October increase is also seen in the UK, the Netherlands, Belgium, France, Poland, Norway, and Finland.

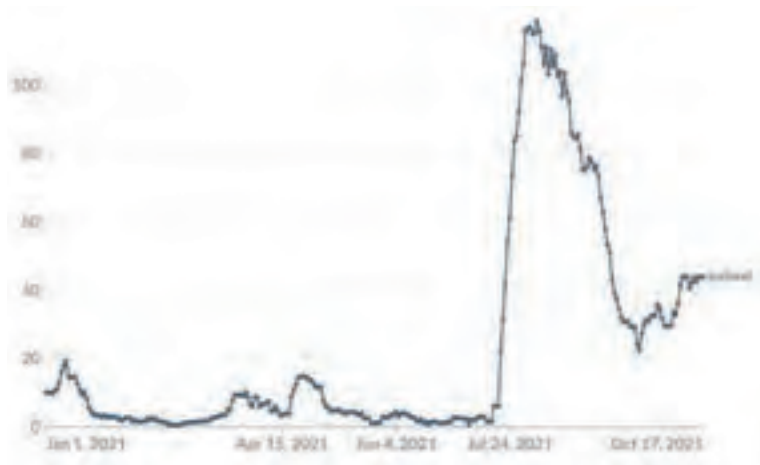


Figure 11(6) *Cases of Covid-19 in Iceland, 2021*

Tropical countries; nature in 2020, ‘vaccinature’ in 2021

We saw very low levels of Covid-19 in tropical and semi-tropical countries during 2020. We might reasonably have expected 2021 to show a similar low risk, but it turned out to be very different. Once again there has been great reluctance to suggest that ‘vaccines’ might be responsible.

The first case of Covid-9 in Cambodia was in January 2020, and by the end of the year there had been just 378 cases. By March 31st 2021 there had been 2,440 cases, and by October 17th, 116,860 had been recorded. There were no Covid-19 deaths in Cambodia during 2020. The first recorded Covid-19 death was on March 11th 2021. Then there was a rapid increase in deaths, and by October 17th, 2021, two thousand and twenty Covid-19 deaths had been recorded. Why was 2021 so different from and so very much worse than 2020? Was it just a coincidence that the vaccination programme in Cambodia started on February 10th 2021, immediately before the first death and the rapid increase in cases and deaths? The pattern was the same in

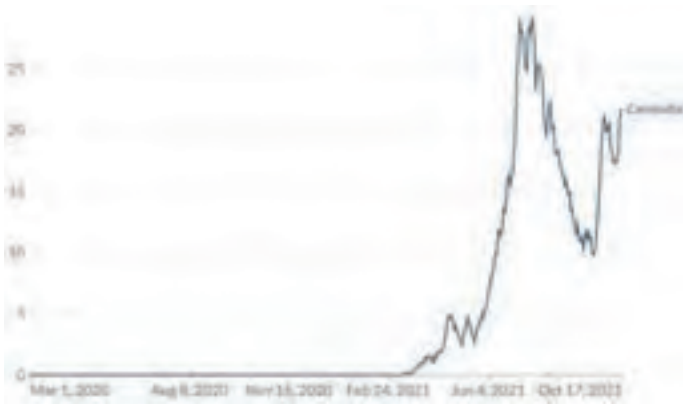


Figure 11(7) *Deaths attributed to Covid-19 in Cambodia, 2020 to 2021. Vaccination started on Feb 10th 2021.*

the neighbouring countries of Laos and Vietnam, and also in the larger countries of Malaysia and Indonesia.

Conclusions; 2020 and 2021 compared

In 2020, the pandemic despite lockdowns progressed in a largely anticipated way, with optimism that through subclinical infection during the summer months, nature would extend natural immunity against Covid-19, and that the pandemic would have a much reduced impact during 2021. But then came the new so-called “vaccines”, which are in truth experimental gene therapies. These had been rushed out and were used under Emergency Use Authorisation (EUA). This was coupled with a highly distorted and dishonest policy, biased against both natural immunity in the form of Vitamin D and its metabolites, and in the use of safe existing pharmaceutical substances, notably hydroxychloroquine and ivermectin. But this did not inhibit the evangelism of governments and the blind enthusiasm of the populace in favour of pseudo-vaccines.

What really are these so-called ‘vaccines’?

It is important to step back and reflect on what they are. They fall into two broad categories. First, as typified by the products of Pfizer and Moderna, those that consist of part of the RNA of the spike protein, packaged in ways not fully revealed, to be taken up by cells via the ACE2 and other receptors. And second, as typified by the products of *Astra-Zeneca and Johnson and Johnson*, those that consist of a DNA copy of the spike protein incorporated into a viral DNA plasmid. The idea in both cases is that Spike protein DNA would be generated and copied by the immune cell machinery to code for (part of) the spike protein itself, against which host B cells would make antibodies, which would confer immunity against this part of the virus.

It was expected by those in charge that one or more of these pseudo-vaccines would add to the immunity provided by nature, and that the pandemic would effectively disappear during 2021. But it has not worked out as planned. Instead we saw more Covid-19 cases and deaths in 2021 than in 2020. In the UK we had approximately 2.5 million Covid-19 cases, but by October 2021 we had had more than 5.5 million cases. The pattern was the same in Australia, the pandemic taking off at the end of later 2021. We will examine the warped and distorted logic and strategy of vaccine mandates, and the politics behind them, as well as the irrational and corrupt treatment strategies, in chapter 18.

UK Health Security Agency; an important clue, weakened N-antibodies

The UKHSA, in its Covid-19 Vaccine Surveillance Report Week 42,²³⁴ drew attention to an unexpected, and as yet unpublicised

²³⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027511/Vaccine-surveillance-report-week-42.pdf

observation. It reported increases in Covid-19 case reports across all age-groups and regions of the UK. But the important observation was on page 23, and refers to waning of the N antibody response over time and that recent observations from UK Health Security Agency (UKHSA) surveillance data reveal that N antibody levels appear to be lower in individuals who acquire infection following two doses of vaccination. “N antibody” is an antibody to nucleocapsid protein. So it appears that simply boosting ‘spike’ antibodies weakens the response to other components of the virus!²³⁵ This official observation indicates that in double vaccinated individuals, the antibody immunity response is impaired. This would explain why the number of cases of Covid-19 increased during the summer of 2021, and why Covid-19 cases and deaths are occurring in the double-vaccinated. The effect of a third vaccination remains to be seen, but you don’t have to be a genius to see what’s on the horizon. We will return to this when we examine evidence that these vaccines are actually killing healthy people.

During the week ending October 24th 2021, the UK had experienced 328,287 new cases of Covid-19, and 948 Covid-19 deaths. This is with 80% of the population older than 15 years being “fully” vaccinated. We clearly need something more, and Vitamin D was glaringly obvious but still ignored and/or denied. The term “fully vaccinated” is becoming obsolete: there is no such thing. With declining immunity following double vaccination, and uncertainty after a third, it looks as though vaccinations will continue perhaps indefinitely, at shorter and shorter intervals.

²³⁵<https://pubmed.ncbi.nlm.nih.gov/34450033/>

CHAPTER 12

WHAT ARE THE LIMITS TO VACCINATION AS A PUBLIC HEALTH POLICY?

The Covid-19 pseudo-vaccine roll-out that we have seen in the course of the pandemic has been hasty, histrionic and highly orchestrated, and has depended on a number of factors. At the outset we may do well to remind ourselves of the history of vaccination, and to identify its most obvious successes as well as its failures. In the process we should also ask ourselves how our species managed to survive and evolve over the hundreds of thousands of millennia before vaccines came along?

Natural versus unnatural biology

Self-evidently, being exposed to viruses is a part of natural biology, but being exposed to vaccines is not, and this applies even more to the recent global use of hastily produced and untested nucleic acid pseudo-vaccines. Previous vaccines were not intended to protect against a laboratory-manipulated chimeric virus, or to produce 'herd immunity' for the supposed needs of society at large. Rather they were based on the benefits to the individual, set against the risks to them of the vaccine. But going back further, how did our antecedents cope before vaccines came along, and why were there so many such obvious failures of natural de-

fences that came with pre-industrial and industrial civilisation? We argue in this book that the simple answer is that we evolved with a complex and versatile natural immune system that depended in large part on a rare, vulnerable, and unique natural compound called Vitamin D3, that lies right at the very epi-centre of life on Earth. It is unique in that our bodies can only make it through the action of ultraviolet light of a specific wavelength (one readily filtered out by ozone and pollution) on the skin. Unfortunately we have seen throughout this book that in the northern hemisphere far from the equator, we live perilously near Vitamin D-deficiency, for much of the year, and always at the end of winter.



Figure 12(1) *Edward Jenner*

Early vaccines against smallpox and rabies

Smallpox is caused by a double-stranded DNA virus (Baltimore Group I), and was a scourge of mankind for at least 2000 years. In the late 1700's Edward Jenner in England stumbled on the use of the closely related bovine version, called cowpox (vaccin-

ia) when he saw how it protected milkmaids from the disease, and this started off the vaccination paradigm²³⁶. In fact the Chinese had used the less severe form of smallpox, *Variola minor*, to induce similar protection against the more severe *Variola major* version, 1000 years earlier^{237 238}. ‘Vaccination’ with cowpox became widespread, and refinements over 200 years led some 40 years ago to the last case of human smallpox. Obviously a miracle of sorts, but it does not necessarily mean that this model can or should be extrapolated to all other infections *ad infinitum*. (Parenthetically, it is fascinating to read in mid-2022 that Bill Gates is worried about a pandemic of Monkeypox,²³⁹ and, surprise, surprise, is talking about making a vaccine! - he does seem to have a rather one-vaxxed mind.)



Figure 12(2) *Louis Pasteur*

²³⁶<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1200696/>

²³⁷<https://www.britannica.com/science/variolation>

²³⁸<https://pubmed.ncbi.nlm.nih.gov/11613561/>

²³⁹<https://www.marca.com/en/lifestyle/world-news/2022/05/23/628bf9e0ca-47413e778b45c2.html>

The next vaccine to appear on the scene, in 1865, was Louis Pasteur's rather dubious rabies vaccine; in 1911 this was followed in India by the widespread use of Dr David Semple's mushed-up phenol-inactivated sheep's brain vaccine, which was injected under the skin of the abdomen²⁴⁰. This was effective, but laborious and attended by a significant risk of Guillain-Barré syndrome (an autoimmune form of flaccid paralysis). Parenthetically, in the early years of the present century this vaccine was still in use in India, and it was efforts to develop an intradermal tissue culture vaccine that brought me (DCA) for the first time into contact with rabies²⁴¹. In making a film on dog bites and rabies prevention, sponsored by *Chiron Pharma* in 2002, it became obvious that a weak link in post-bite rabies prevention was the lack of equine rabies immunoglobulin (eRIG). An essential additional component for prevention is the local injection of eRIG into the site of the bite. This is essential, to neutralise any virus left within the wound after washing, to prevent the virus from entering via a peripheral nerve and traveling to the brain via retrograde axonal flow. Active immunisation alone after a bite runs the severe risk of the virus entering the nerve and ascending to the brain before systemic production has had time to produce circulating neutralising levels of antibodies. This experience, and fighting for common sense to be used by the WHO, brought me face to face for the first time with medical politics and Big Pharma. Put simply, horses are too simple and cheap, and they cannot be patented, while in effect monoclonal antibodies can.

Vaccine proliferation in the 20th century

The advent of bacteriology in the early 1900's was followed by development of antitoxins against diphtheria and tetanus, vac-

²⁴⁰https://www.si.edu/object/rabies-vaccine-semple-method-lederle:nmah_719534

²⁴¹<https://www.youtube.com/watch?v=mtYGnRPGWv0>

cines against anthrax, cholera, plague, and typhoid, and the ‘Bacille Calmette-Guerin’ (BCG) against tuberculosis. But Vitamin D creeps into the picture here too, as the first effective treatment of tuberculosis of the skin was found by Niels Finsen to be ultraviolet light for which discovery he received the Nobel Prize in Medicine in 1903²⁴². He died, aged 44, of constrictive pericarditis, presumably from TB.

Anti-viral vaccines were developed from the mid-20th century, with virus culture techniques, against poliomyelitis and measles, mumps and rubella, but all was far from plain sailing; for example early experimentation in the 1930’s with a poliomyelitis vaccine, derived from a virus that had been cultured in monkey kidney cells, led to an outbreak of myalgic encephalopathy among medical and nurse volunteers in a hospital in Los Angeles²⁴³. In our lifetimes we have seen a massive development of vaccines against a host of diseases, as Big Pharma supported by Big Money entered the vaccine game big-time. We have reached the point where nowadays a child in the USA, following the CDC protocol, has no less than 69 vaccine shots²⁴⁴. Strangely, throughout this time there has been little or no examination of the possible benefits of strengthening the innate immune system with Vitamins C, A, and above all D, and important minerals, such as zinc, all of which have undoubted immunoprotective actions.

The commercialisation of Vaccine development.

Over the past 30 years or more, we have increasingly seen that Big Pharma, supported by bodies in the USA that are supposedly on the lookout for abuse (the CDC, FDA, NIH and NIAID), has

²⁴²<https://www.nobelprize.org/prizes/medicine/1903/summary/>

²⁴³https://en.wikipedia.org/wiki/History_of_chronic_fatigue_syndrome

²⁴⁴<https://www.forbes.com/sites/quora/2018/02/12/how-did-babies-survive-in-the-1980s-with-half-the-doses-of-only-7-vaccines/?sh=3ffb4c9830e3>

seen the enormous financial potential for exploiting new infectious diseases through both vaccination and toxic experimental treatment programmes. This is a result of the extremely lax laws and regulations in the USA about patents and their disposition, that has put the main health care agencies into the pockets of Big Pharma. Nowadays, the US Federal Drug Administration (FDA) receives half its funding from Big Pharma, and therefore has obvious conflicts of interest, and it is increasingly apparent that the CDC and FDA have been subject to regulatory capture²⁴⁵.

The influenza pandemic of 1918-19, that followed the First World War, is estimated to have killed some 50 million people, and the supposed inevitability of further pandemics has been used extensively as a driving message for ever more vaccinations. In fact, as already discussed there is a great deal of evidence to suggest that at least as far as the great influenza pandemic was concerned, global Vitamin D deficiency also played a major role in the severity of the resulting influenza. And doubtless the 1st World War will have increased D-deficiency among troops on both sides, as there was little summer sunbathing in the trenches.



Figure 12(3) *Influenza pandemic 1919*

²⁴⁵<https://www.theamericanconservative.com/the-regulatory-capture-of-the-fda/>

But Vitamin D is too cheap, and non-patentable, and so market forces dictate that its correction must not be allowed to interfere with the business of making money from vaccines. A number of events, as well as pandemic trial runs, have happened in recent years, that have been in one sense spectacular failures, but have on the other hand proved essential practice sessions for those who follow the Gates-Fauci model of vaccine proliferation.

By their deeds shall ye know them

We have already considered the concepts of emotional empathy, which is a civilising feature, albeit to different degrees, of at least 95% of the human population^{246 247}. Put simply it allows most of us to see and feel in the distress of another being, a mirror of one's own distress, and so feel as if it was our own. This generally inhibits us from an early age from engaging in unprovoked, and targeted, aggression. There is much evidence that it is something to do with nerve transmission in a fundamental subconscious part of the brain called the amygdala^{248 249}, (of which there are two) and its deficiency becomes first evident in early childhood behaviour. Something in the region of one person in 20 in one way or another doesn't have the capacity for normal emotional empathy. Depending on other features they may be extremely intelligent and grow up to be ruthlessly ambitious. Ruthless narcissistic charm is often a feature. The name given to such a condition is variously *sociopathy* or *psychopathy*, and it is particularly dangerous when such individuals are put in positions of trust and power.

²⁴⁶https://www.researchgate.net/publication/232606366_Psychopathy_and_Aggression#fullTextFileContent

²⁴⁷<https://www.amazon.co.uk/Zero-Degrees-Empathy-Simon-Baron-Cohen/dp/0141017961>

²⁴⁸<https://parenting.firstcry.com/articles/psychopathy-in-children-signs-and-treatment/>

²⁴⁹<https://knowledgeburrow.com/how-is-the-amygdala-linked-to-aggression/>

Socio/psychopathy; a first candidate, Dr Anthony Fauci

It could be argued that an essential role of democracy is to establish mechanisms that avoid and guard against psychopathic abuse that can arise especially when structural failures lead to runaway concentration of power. The United States of America is justly proud to have rebelled 250 years ago against the English and the overbearing British King George III in the American War of Independence. There is also little doubt that Benjamin Franklin and other Founding Fathers of the USA then put a great deal of thought into the Constitution, and the separation of powers. But it may be that the obsession with overthrowing a foreign power failed to prepare them much later against the risk of high level attack from within. The presidential term of four years, renewable but once, does not seem to have been applied to all advisory positions of power, such as the nine members of the Supreme Court, or the single Head of The National Association of Allergic and Infectious Diseases (NIAID). This individual, Dr Anthony Fauci, appointed in 1984 as the Big Brother of Infectious Diseases, never had to retire until overtaken by death, dementia, or dismissal, it seems²⁵⁰. Why, one wonders, is that, and how was it written out of the Constitution? After all, in the words of Lord Acton, *power corrupts, and absolute power tends to corrupt absolutely*²⁵¹.

One of the functions of the organisations notionally concerned with protecting and improving the health of the population is that there is a very large, and expanding health care business in the form of Pharmaceutical Companies, who as we have seen are by law solely responsible to their shareholders²⁵². So this surely imposes an heavy responsibility on the organs of state that

²⁵⁰ Now, as of December 2022, he has at last taken late retirement

²⁵¹ <https://www.acton.org/publications/transatlantic/2017/09/29/lord-acton-liberty-power-and-light-conscience>

²⁵² <https://www.thecorporation.com/film/book>

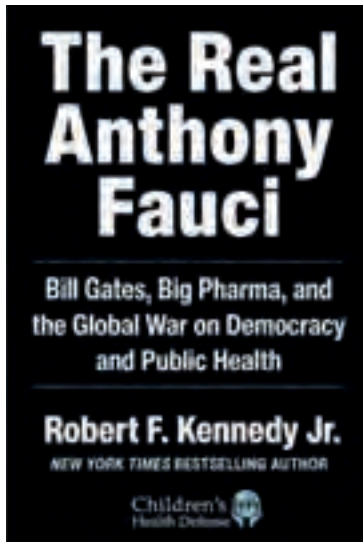


Figure 12(4) *Cover of Robert F Kennedy's book on Fauci*

are meant to control them? These include the Centre for Disease Control (CDC), the National Institutes of Health (NIH) and its notionally subservient side-kick the NIAID, as well as the Federal Drug Administration (FDA). But there are grave weaknesses, and these include very loose regulations concerning holders of publicly funded research grants from patenting their discoveries²⁵³; and the 1986 act which absolved vaccine manufacturers from liability over their vaccines²⁵⁴.

Fauci's track record is far from perfect, as evidenced for example by how he responded to an earlier Infectious Disease crisis, the Acquired Immunodeficiency Syndrome (AIDS)²⁵⁵. He used his position of power to stamp out discussion and scientific

²⁵³<https://www.upcounsel.com/advantages-and-disadvantages-of-patents>

²⁵⁴<https://www.congress.gov/bill/99th-congress/house-bill/5546>

²⁵⁵<https://childrenshealthdefense.org/defender/kim-iversen-fauci-aids-epidemic-covid-vaccines-profits/>

ic research into anything other than the HIV retrovirus theory in which he developed a personal vested interest. Fauci seems to have become fixated on the idea that the disease was solely *CAUSED* by the human immunodeficiency virus, and on its sole treatment with the highly toxic azidothymidine (zidovudine), inhibitor of reverse transcriptase.

Fauci and HIV; the analysis of Robert F Kennedy²⁵⁶

Fauci recently said, on the subject of Covid-19 *follow the science*, and then added angrily that *I am the science*?²⁵⁷. Kennedy is not necessarily right about everything, but we find it deeply disturbing that the whole weight of the US Health Care organisations has been used to stamp out all reasonable scientific debate over the cause(s) of AIDS, and now SARS-CoV-2. In his detailed and devastating book *The Real Anthony Fauci*, Kennedy speaks of his being a dangerous psychopath, who since 1984 has been in a position of supreme power over the USA's health. He reviews in detail the history of the Acquired Immune Deficiency Syndrome (AIDS) which first appeared in the early 1980's among homosexual men with multiple partners in the bars of New York. The human immunodeficiency virus (HIV) was first isolated in the Pasteur Institute in Paris from a lymph node of a patient, in 1983 by the team of Luc Montagnier²⁵⁸. It is easy to forget the controversies that attended the theory, propagated by the then Head of the NIH, Robert Gallo, and then Fauci as unassailable gospel truth, that the sole cause of this syndrome is this retrovirus²⁵⁹.

²⁵⁶<https://www.amazon.co.uk/Real-Anthony-Fauci-Democracy-Childrens-ebook/dp/B08XQYGC68>

²⁵⁷<https://physiciansforfreedom.org/2021/11/anthony-fauci-i-am-the-science/>

²⁵⁸<https://www.nobelprize.org/prizes/medicine/2008/montagnier/facts/>

²⁵⁹<https://www.brighteonbooks.com/book-author/francis-w-ruscetti-phd-dr-judy-a-mikovits-kent-heckenlively-jd/>

Experiences of Montagnier and Duesberg

There is little doubt that Montagnier, who became implacably opposed to the pseudo-vaccination policies against SARS-CoV-2²⁶⁰, possessed and was intent on revealing incriminating evidence against Fauci, before he rather too conveniently died in February 2022 after an unaccompanied visit to a meeting in Luxembourg, followed by a short illness, in the American Hospital in Paris. A devout Catholic, his body was nevertheless cremated. Another respected figure in the field of AIDS is Professor Peter Duesberg, who argued that the retrovirus HIV was only one element of the Acquired Immunodeficiency Syndrome. The disease first surfaced as the ‘Gay Plague’ in the 1980’s, among a group of homosexual men frequenting New York bars, who were heavily into the use of intravenous drugs, and inhaling amyl nitrite. Fauci was implacably opposed to anything other than the role of Montagnier’s human immunodeficiency virus. This allowed him to resuscitate the dangerous drug azothymidine (AZT), which was until then languishing in the basement of Pharma’s Burroughs Wellcome (now absorbed into GlaxoSmithKline), while ruthlessly using his power as *de facto* head of the NIH to eliminate funding for anyone, like Duesberg, with alternative theories²⁶¹. This is not how the scientific method is supposed to work. It is supposed to welcome, and objectively to examine, alternative paradigms, not to suppress them.

A second candidate; Mr Bill Gates

Bill Gates, Harvard University dropout, must be the ultimate successful failure, whose fortune came to him by linking up with

²⁶⁰<https://usdaynews.com/celebrities/celebrity-death/luc-montagnier-death-cause/>

²⁶¹<https://www.amazon.com/Inventing-AIDS-Virus-Peter-Duesberg/dp/0895264706>

the right nice person (Phil Allen), and then to develop further his friend's good idea (personal computers for all)²⁶². However he then worked with ruthlessness to maximise returns and profits. Following the example of John D Rockefeller, the archetyp-



Figure 12(5) *Luc Montagnier (left) and Robert Gallo (right)*

al American capitalist from an earlier generation Gates, retiring early from Microsoft, dedicated himself, pulling others with him, to so-called mega-philanthropy, supposedly to improve global health in the third world. But what if this philanthropy is in fact creating more of the very problems he claims to be fighting? His recent pronouncements²⁶³ seem to indicate that he fully realises that his policy of global vaccination as the sole solution for every infectious disease is going to fail, just as the pseudo-vaccines for Covid-19 have now so obviously done. His solution, however, does not seem to be to step back and look for an answer that might be provided by the wisdom of understanding biology. It is in fact to push for yet more of the same. Does he in fact know what he is doing in supporting and pursuing the ruthless and

²⁶²<https://www.geekwire.com/2011/paul-allen-pulls-punches-autobiography/>

²⁶³<https://www.theguardian.com/culture/2022/may/15/bill-gates-vaccines-readers-questions-how-to-prevent-next-pandemic-interview>

unethical policies of Big Pharma? There is much to suggest that he does. Gates recently bragged that he had invested \$10million in Big Pharma development of RNA vaccines (Pfizer and Moderna), and his shares were now worth \$200 million and he is proud of this 20-fold increase in share value!²⁶⁴ This is probably a gross understatement.

Gates' obsession with population control

On another tack, Gates, as his father had been, seems to be clear in his mind that the world is overpopulated²⁶⁵ and needs to be reduced by whatever this takes. So framed differently, how many agendas in this whole pandemic issue does William Gates III, worth more than 100 billion dollars and one of the world's richest men, in fact have? One, two, three or more? And would he, for example, exclude a solution that at negligible cost might simultaneously improve health so much that we then needed fewer vaccines, after mother nature had been helped to do her best? And one that at least would do no harm. Regretfully, all indications are to the contrary.

George Orwell's 1984 revisited

George Orwell's dystopian novel *Nineteen Eighty-Four*, which was first published in 1949, is highly pertinent to the Gatesian war against predictable perpetual pandemics, and Klaus Schwab's *Great Reset*. In Orwell's novel, the global plan involved perpetual war, between three mega-states, Oceania, Eurasia and Eastasia. Island Britain was part of Oceania, and now called Airstrip One.

²⁶⁴<https://www.redvoicemedia.com/2021/11/bill-gates-has-shares-in-big-pharma-while-also-funding-british-medicine-regulator-mhra/>

²⁶⁵<https://con-alerts.com/bill-gates-plan-to-reduce-the-world-population/>

(It is not clear where Ukraine was, but we may presume it was also in Oceania). The truth was what the Party and Big Brother said it was, and love had ceased to exist. The party's slogan was '*who controls the past controls the future and who controls the present controls the past*'.

The following are taken from explanatory extracts of 'The theory and practice of oligarchical collectivism', otherwise known as 'The Book', by Orwell's hypothetical anti-Big Brother heretic, Emmanuel Goldstein. "*Now, however the concept of human brotherhood began to be assailed by people who were not yet in positions of command, but merely hoped to be so before too long. In the past the Middle had made revolutions under the banner of equality and then had established a fresh tyranny as soon as the old one had been overthrown. The new Middle groups in effect proclaimed their tyranny beforehand*". This sounds remarkably reminiscent of Event 201 and the WEF and Klaus Schwab's '**Great Reset**'²⁶⁶. '*The familiar pendulum swing was to happen once more, then stop. ... this time, by conscious strategy, the High would be able to maintain their position permanently. And how about the following?..... 'Wealth and privilege are most easily defended when they are possessed jointly. The so-called "abolition of private property"... meant, in effect, the concentration of property in fewer hands than before: but with this difference, that the new owners were a group instead of a mass of individuals*'. Two-way Telescreens were everywhere, and as the book's failed hero Winston Smith, member of the Outer Party, who worked in the Ministry of Truth, and his girlfriend Julia ultimately discovered, resistance was pointless, and once you had been broken you were bound to be shot in the back of the head and 'vaporised'. The masses, '*The Proles*', were kept permanently suppressed by war and fear.

This makes one wonder whether Gates and Schwab are actually modeling the future on George Orwell's brilliant version of dystopia, maybe just to have the last laugh! And it is to be

²⁶⁶<https://www.centerforhealthsecurity.org/our-work/exercises/event201/about>

hoped that, after the quite possible experimental nucleic acid vaccine-induced sudden death of his heavily vaccinated beloved mother, now that he is King, Britain's erstwhile Prince Charles will start to question rather than embrace the machinations of Klaus Schwab's dystopian World Economic Forum (WEF).

CHAPTER 13

JABS GALORE - THE DYSTOPIAN GATESIAN HEALTH STRATEGY

One of the ways Societies have been progressively polarised over the course of Covid-19 is by blurring the distinction between classical vaccines, and nucleic acid pseudo-vaccines. This has been combined with rapid and remorseless elimination of all the safeguards that come with the introduction of a new ‘classical’ vaccine²⁶⁷. In order to do this, there has been a carefully scripted plan, which included the deliberate bioweaponisation of a synthetic virus, declaration by controlling bodies in the USA that repurposed existing medications would not work, and use by Big Pharma of inside knowledge of the structure of a virus it had helped create, in the form of Moderna’s patented furin insert²⁶⁸. The genetic sequence patented, parting SARS-CoV-2’s furin cleavage site in the spike protein, is a 19-nucleotide sequence of a human DNA repair gene called MSH3. This latter normally works with the part of the immune system responsible for combating cancer, by repairing damaged cells, and has been identified as a potential target for new cancer treatments. Most of us, not understanding the psychopathic mind, were unprepared for the lack of limits to which some unscrupulous people and organisations will go, to fend off opposition.

²⁶⁷ <https://www.cdc.gov/patientsafety/features/vaccine-safety.html>

²⁶⁸ <https://alethonews.com/2022/03/08/moderna-patented-key-covid-spike-protein-sequence-in-2016/>

Medicine, Politics and the need to be right all the time

The late Maltese medical philosopher Dr Edward de Bono said that in his opinion *'the greatest bar to progress is the need to be right all the time. It is better to have enough ideas for some of them to be wrong, than always to be right by having no ideas at all'*²⁶⁹. Unfortunately this has not been a part of mainstream thinking regarding advances in health care. In the UK, for example, following the Wartime plans of Lord Beveridge, the UK's National Health Service was born. With technical developments and ever higher expectations, especially under and since the era of Margaret Thatcher, this led to the imposition of further layers of bureaucracy. Increasing demands for control of abuses, arising for example from the serial killings by the notorious Dr Harold Shipman²⁷⁰, have not necessarily led to better overall medical practice by normal doctors. Continuing medical education (CME) and cyclical re-accreditation were introduced, but were not matched by Government money; instead, over the past third of a century most of the funding for CME all over the world was taken over by the pharmaceutical industry, which in 2021 was estimated by Drugwatch²⁷¹ to make profits from prescription drugs reaching \$610 billion. These companies use their profits to grossly distort medical education in favour of their expensive products, and against older medicines that are unpatentable, but are safer and better tested. Deficiencies in medical practice have increasingly been directed at effects, rather than underling causes; yet it is never logical, if a supposed solution is not working, simply to go for more of the same. More is seldom better, and there are good scientific reasons for supposing that this applies to medical treatment and prophylaxis by mass vaccination for every conceivable infectious disease.

²⁶⁹https://www.brainyquote.com/quotes/edward_de_bono_383566

²⁷⁰<https://www.britannica.com/biography/Harold-Shipman>

²⁷¹<https://www.drugwatch.com/manufacturers/>

Natural versus unnatural biology

It is important to realise that in this era where investment in Big Pharma controls all aspects of health care, essentially no established champions for natural biology remain. The case of Vitamin D3 is especially relevant here, because of its central importance in natural immunity, which is increasingly played down or denied outright. Of course the arguments we have put forward in Chapter 5, cataloguing the evidence that universal lifelong Vitamin D repletion would cut dramatically the incidence of a great many expensive diseases, does not fit with the business model of Big Pharma. Natural biology is cheap and by and large safe, which is how it came to be selected naturally over hundreds of millions of years of evolution; and it therefore should appeal to all honest brokers of health care. But in a system where, in the USA for example, there are 1378 individuals employed by the Pharmaceutical companies to lobby and pay off politicians, nature comes too cheap and has no such lobbyist cartel²⁷². Even before the current malignant and malicious nonsense of coronavirus pseudo-vaccinations for all, ostensibly to fight a synthetic virus that is nevertheless of no danger to most of us, we have to question current global vaccine politics. So let us go back to the start.

Were early vaccines against smallpox and rabies that great?

This is likely to be regarded as a heretical question, akin to asking '*is there really a God?*' The mantra behind the frequently heard statement '*....please get me right; I am not 'Novax', far from it, BUT?..*' is that 'normal' vaccines, which evolved from the original vaccine against smallpox, and then the mushed up sheep's brain vaccine for rabies prevention, are okay. But in fact there is

²⁷² <https://truthout.org/articles/pharma-breaks-lobbying-record-defending-high-drug-prices-and-vaccine-patents/>

every reason to believe that they, too, were all developed at a time of global Vitamin D-deficiency. So if we had known about, and then universally corrected global D-depletion, their need would also merit reappraisal. Even for the disfiguring disease smallpox (variola), it is entirely possible that in someone with a high normal blood level of 25OHD₃, the infection might have been as trivial as cowpox 'vaccination'. We are not saying that this is established truth, but that the experiment was never done, because the importance of the sunshine Vitamin D₃ for innate immunity against viruses and other micro-organisms was not recognised in the days of Jenner.

In the case of preventing rabies, one of us (DCA) does have relevant experience, through making a medical teaching film in India 20 years ago, on dog bites and rabies prevention.. This was financed by the Pharmaceutical Company *Chiron*, a manufacturer of an intradermal tissue culture vaccine. Such vaccines had been given between the layers of the the skin over the deltoid muscle (intradermally), and so induce an immune response locally in the draining lymph nodes. There are dramatic savings in cost (because one fifth of the volume is given), and there is no risk of inadvertent injection into a vein, which is especially dangerous with the RNA spike protein 'pseudovaccines'^{273 274}, if the plunger is not withdrawn before injection. And the intradermal route is probably also safer, since if there is a retrovirus in the culture media, it is unlikely to get into the blood stream, but the lymphatics which will take it to the draining lymph nodes in the axilla, where the immune system is likely to respond.

²⁷³<https://www.legalnursepdx.com/the-basics-of-intramuscular-injections-understanding-risks-and-best-practices/>

²⁷⁴<https://pubmed.ncbi.nlm.nih.gov/34406358/>

WHO Denial of vital passive immunisation for rabies prevention²⁷⁵

We discovered with rabies prevention in India that the most important neglected move to prevent a person bitten by a rabid animal dying from rabies is the injection of equine rabies immunoglobulin directly into the wound. After being bitten by a rabid animal, obviously the wound is the site of entry of the virus, where it replicates and from whence it passes into and up the nerves to the brain. In someone without any circulating antibodies, local immunoglobulin is essential to neutralise virus before it gains access to nerve junctions to travel by retrograde axonal flow to the brain, and cause the ghastly disease rabies. You cannot rely on active immunisation alone in someone not previously immunised, since levels of antibody stay low for at least 10 days after primary immunisation. We made a film of dog bites and rabies prevention in India and found that injection of immunoglobulin into the wound was only happening in 3 percent of dog bite victims. Why? The answer seemed to be availability; there was little money in immunising retired race horses, which are big, cheap, and cannot be patented. So all of Big Pharma's effort was being directed into expensive and patentable monoclonal antibodies²⁷⁶. In putting these arguments in 2009 to the WHO at a meeting in Annecy, which was clearly already at the behest of Big Pharma, I was met with implacable opposition from the relevant Rabies Prevention Committee. It was, however, clear to Dr Omesh Bharti, who is in charge of post-bite prevention in Shimla, Himachal Pradesh, that this was the weakest link in the chain of prevention. He had read my article published in

²⁷⁵<https://www.semanticscholar.org/paper/WHO-guidelines-dealing-with-immunoglobulin-use-Anderson/5dca196b5e952af49fba56119e307857c6ff830e>

²⁷⁶<https://www.tandfonline.com/doi/full/10.1080/21645515.2022.2026713#:~:text=When%20suspected%20of%20exposure%20to%20the%20rabies%20virus%2C,globulin%20in%20terms%20of%20supply%2C%20cost%2C%20and%20efficacy.>

2007²⁷⁷, and agreed that the solution was in fact to inject into the site of the wound, regardless of size, just the amount it could safely take; and to drop the procedure of weighing the patient and then pointlessly injecting the residue IM. As a result there was a prompt and dramatic 90% reduction in rabies deaths in Himachal Pradesh²⁷⁸.

Vaccine proliferation in the 21st century

Unfortunately, the major drug firms that constitute Big Pharma, which mainly operate from the USA (where most of their head offices reside), by law are driven predominantly by the need to maximise profit for their shareholders. And these shareholders in turn include many with other conflicts of interest, as for example heavy investment in vaccine manufacturers by Anthony Fauci, head of the NIAID. Furthermore, in the case of prevention this industry is motivated to find an ever increasing list of dangerous new infectious diseases, as well as patentable drugs to treat them. As a result, in the course of the new millennium, the number of immunisations recommended for children has increased ten-fold²⁷⁹. This is even before the rollout of experimental RNA pseudo-vaccines against a man-made virus of low risk to adults and zero risk to children²⁸⁰. It is increasingly apparent that the only thing that counts in Big Pharma's eyes is to make as much money as possible. The process is clearly helped by declining health of the population, and as we have already considered, a substantial

²⁷⁷ https://www.researchgate.net/publication/47386860_WHO_guidelines_dealing_with_immunoglobulin_use_impede_rabies_prevention

²⁷⁸ <https://timesofindia.indiatimes.com/city/chandigarh/hp-doc-who-made-rabies-treatment-affordable-makes-it-to-who-panel/articleshow/81236108.cms>

²⁷⁹ <https://pubmed.ncbi.nlm.nih.gov/29611455/>

²⁸⁰ <https://hms.harvard.edu/news/covid-19-children>

part of this follows from concentration solely on vaccination as a preventive immunity-improving strategy²⁸¹.

We have already seen that the activated form of Vitamin D (1,25(OH)₂D, or calcitriol), which is involved in all stages of the immune response, invariably induces production of the enzyme, 24-hydroxylase which converts calcitriol to an inactive 24-hydroxylated form. The more that natural immunity is weakened by diminishing levels of Vitamin D, the greater becomes the global disease burden. There is a very strong suspicion that all theoretical restraints have been eliminated by a vicious cycle spreading from the United States to envelop the whole western world in a gigantic 'vaccine scam'. But what if there is a point in the proliferation of vaccinations beyond which our immune system will collapse altogether?²⁸²

What is the evidence Covid pseudovaccines are killing and maiming?

The following is an entirely plausible scenario. Vitamin D is both fundamental to all phases of the immune response to infections of all kinds. It acts through immunocytes with the enzyme 1-alpha-hydroxylase, needed to convert calcifediol to the active form calcitriol. But induced 24 hydroxylase inactivates the molecule calcitriol after use. Vitamin D deficiency is already widespread and without a policy to supplement blood levels of the reservoir, 25-hydroxy, form (calcifediol) in the population at large, it is inevitable that the whole health care system will collapse. This appears not to be understood by blind followers of Bill Gates, who is pushing for ever more vaccines and vaccine doses, while completely disregarding natural immunity.

²⁸¹https://uk.search.yahoo.com/yhs/search?hspart=tro&hsimp=yhs-freshy&action=nt&type=Y219_F163_204671_102220&p=Vaccination+and+declining+health

²⁸²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7712358/>

Adverse Events reporting systems

The airline industry has long had a system of studying the ‘near miss’ as well as reconstructing accidents, in order to learn from and prevent them from happening again²⁸³. The same thing is supposed to apply also to vaccines, so let us look at two such systems; Vaccine Adverse Event Reporting System (VAERS) in the USA and the Yellow card Reporting systems in the UK. The precautionary principle dictates that we should be on the lookout for possible corruption especially if there is evidence of possible conflicts of interest. Unfortunately concerning the ‘vaccines’, also, this principal seems to have been completely abandoned for airline pilots, on whom the absolute safety of hundreds of passengers depends. Indeed we have just been told that the concept of cardiovascular fitness for pilots has been relaxed, and grade 1 heart block, namely a P-R interval of 0.2 to 0.3 mm has now suddenly become acceptable!²⁸⁴ Would one American Airlines pilot having a cardiac arrest 6 minutes after landing a plane with 200 passengers on board, not constitute a ‘near miss’?²⁸⁵ Or do we now need both pilots to have cardiac arrests?

VAERS was set up in 1990 as a means of objectively assessing the safety of new vaccines, and is run jointly by the Center for Disease Control (CDC) and the Federal Drug Administration (FDA). It is open to anyone to report an adverse event, but obviously it is not set up to collect every such event. It was, however, set up with the best of intentions, and before the COVID-19 era of rushed-out Nucleic Acid ‘vaccines’ based on new technology. Now that over 50% of the budget of US national health organisations comes from Pharmaceutical companies there is real reason for concern, with clear evidence that people in the Health

²⁸³<https://blog.thinkreliability.com/how-to-investigate-a-near-miss>

²⁸⁴<https://www.thelibertybeacon.com/cause-for-grave-concern-faa-tacitly-admits-that-pilot-ekgs-are-no-longer-normal/>

²⁸⁵<https://www.clarkcountytoday.com/news/dr-peter-mccullough-pilots-heart-attack-after-covid-shot-fits-pattern/>

Care regulatory organisations are under the thumb of the very businesses they are supposed to control. This problem extends to every level, since with the roll-out came a reward system for those doing the vaccinations. In the UK for example, where a similar reporting system applies, GPs have been paid £13 for each patient vaccinated²⁸⁶ against Covid-19.

What are the dangers of true and pseudo-vaccines; are they different?

There has been nothing in the mainstream press, but this is not because the facts are not there for all to see. What is puzzling is who has paid for the mainstream muzzling. VAERS stands for the Vaccine Adverse Events Reporting system, and was set up by the US Centre for Disease Control (CDC) in 1990. Although ostensibly mandatory, whistleblowers have found great reluctance to upset the mainstream narrative of safety by reporting adverse reactions²⁸⁷. An update by the CDC dated May 24 2022²⁸⁸, is illustrative of extreme complacency over, for example, the risk of myocarditis among children and adolescents. We are reassured in this document that *'COVID-19 vaccines are safe and effective and severe reactions after vaccination are rare, and CDC recommends everyone aged 5 years and older get vaccinated as soon as possible to protect against COVID-19 and its potentially severe complications'*. Yet in the same document as of May 19th 2022 *they report verified reports of myocarditis in children of the following ages; for 5-11 years 22 after 18,517,938 doses (1/840,000); for ages 12-15 years, 351 after 23,358,466 doses administered (1/66,000) and for 16-*

²⁸⁶ <https://www.pulsetoday.co.uk/news/coronavirus/gps-to-be-paid-12-85-per-jab-as-details-set-out-for-covid-vaccination-campaign/>

²⁸⁷ <https://www.covid19reader.com/the-covid-vaccine-whistleblowers-or-why-its-about-time-to-wake-the-hell-up/>

²⁸⁸ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-safety-children-teens.html>

17 years: *303 verified reports of myocarditis after 12,724,718 doses administered* (1/42,000). There is every probability that this is just the tip of a massive iceberg²⁸⁹

Another major problem in the USA arises from the National Vaccine Indemnity Act of 1986, which gave vaccine manufacturers indemnity from damage caused by vaccines, of which the original trigger was the DPT triple vaccine. The Glaxo Smithkline H1N1 vaccine disaster in 2009, with multiple compensatory claims for the condition of narcolepsy caused by the vaccine is a recent memory; then, the quest for a quick profit meant that early into Covid-19, a ruthless Big Pharma insisted on blanket indemnity, which applies in the USA as long as the trials were not found to have been fraudulent.

Spike protein 'vaccination' pros & cons

Traditional vaccines are produced either from live attenuated versions of the virus or bacterium, or an attenuated version of a toxin, as with tetanus or diphtheria toxoids. They are given with the intention of preventing the illness in the injected individual, and in some way to stimulate a reaction that will lead to an immune response and protect against the disease. It is a golden rule that vaccination should be given to protect against a serious infection, and with due consideration of cost-benefit analysis. The components of 'normal' vaccines are modifications of cell surface proteins which in the real infection kill or seriously injure the individual. The so-called RNA and DNA vaccines, produced supposedly to offer protection against Covid-19, are completely different, consisting of a modified version of the nucleic acids that code for one of the viral proteins, the so-called 'spike' by which it attaches to a receptor, called ACE-2. This nucleic acid is then 'read' by the ribosomal machinery of the immune cells to

²⁸⁹<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

produce the synthetic monoclonal antibody it codes for. There is thereafter a dangerous confusion induced in the immune system, between ‘self’ and ‘non-self’. So the spike protein is inserted into immune cells, and anti-spike antibodies are produced within the same cells, and secreted from them. In a ‘normal’ viral infection or immunisation process, this function will be the sole responsibility of a clone of memory T-cells, and will only occur in the event of reinfection (the so-called ‘anamnestic response’).

It has become obvious (see chapter 3) that the spike protein of SARS-CoV-2 is in fact a synthetic toxin that has been specifically engineered in the laboratory. The pangolin coronavirus component was selected by the illegal US-funded GoF research that supported Dr Shi Zheng Li of Wuhan, because of its high affinity for the human ACE2 receptor. But that high affinity was not enough to assure entry into the cells; so following the example of Ralph Baric and others she inserted a sequence coding for the binding site of the human enzyme furin, patented by BioMerieux’s *Stéphane Bancel* and others and in 2016 transferred, still in his name, to Moderna, of which Bancel had become CEO²⁹⁰. One of the most dangerous features of the genetic pseudo-vaccines is that they are non-selective and will attach themselves to any cell that possesses ACE-2 receptors, of which there are many on the surface of small blood vessels. Here they cause turbulence, and turbulence attracts platelets, and platelets are necessary to form blood clots, which inside blood vessels are very bad news.

History of US vaccine liability exemptions

Effectively, the global regulations and laws relating to vaccine injury liability have long been determined in the USA, and dictated by Fauci, Gates and Big Pharma. In 1986 (two years into Fauci’s reign at the NIAID) Congress passed the National Childhood

²⁹⁰<https://www.modernatx.com/patents>

Vaccine Injury Act (NCVIA), thereby creating a no-fault compensation program²⁹¹. The vaccine market had been subject to an increase in vaccine-related lawsuits which threatened to derail the whole US vaccine programme. The NCVIA also provided vaccine manufacturers with significant tort-liability protections and eliminated manufacturer liability for a vaccine's unavoidable adverse side effects. With the retro-spectroscope provided by the Covid-19 disaster, which of course is still far from over, it is increasingly clear that the dominant motive was and is to protect the agenda of Big Money at the expense of our health. And then with the contrived Covid-19 'Plandemic' it was determined that the untested genetic pseudo-vaccines should be rolled out at 'Warp Speed'. The quickest 'normal' vaccine ever developed was for mumps, and it took four years and was licensed in 1967. Pfizer's Covid-19 vaccine was developed and cleared for emergency use in a mere 8 months, and Moderna's even faster. But then Moderna, the start-up Company created with SARS-CoV-2 in mind, had the advantage of insider knowledge and the patented S1-S2 furin insert in mind. To quote Rogge Dunn, Dallas Labor and Employment attorney, *"When the government said, 'We want you to develop this four or five times faster than you normally do,' most likely the manufacturers said to the government, 'We want you, the Government, to protect us from multimillion-dollar lawsuits'"*.

Two illustrative vaccine case reports

In the light of the relentless pressure people of all ages and all over the world have been put to be 'vaccinated' against what we now know was a man-made synthetic and patented bioweapon, we need to remember that the 'vaccines' don't protect against the infection, and are at best pointless, and at worst fatal. Big Pharma, on the other hand has benefitted financially from what

²⁹¹ <https://www.congress.gov/bill/99th-congress/house-bill/5546>

is a global scam. I have picked two illustrative cases to drive the point home.

Case1. At the time of writing the whole world is coming to terms with the death of a wonderful 96-year old lady, the UK's beloved Queen Elizabeth II, who along with her late husband always had a great sense of public duty and led by example. In the pandemic, they both accepted the UK Government's policy, starting with the elderly, of multiple inoculations with one or more experimental nucleic acid 'vaccines' against SARS-CoV-2. The first shot was given to Her Majesty on 9th January 2021, the second in April of that year. It is claimed that she had three doses in all²⁹². The vaccines were supposed to prevent the disease, but in February 2022 the Queen developed what was described as a mild attack of Covid-19, two days after meeting her son Charles, who had had the infection on two occasions and was also (and in-



Figure 13(1) *Queen Elizabeth II and Prince Philip. Both received first Covid-'vaccinations' on Jan 18th 2021, 'to prevent further speculation'. Philip became ill, and was admitted to hospital. He died on April 9th, aged 99 years 10 months. It is unlikely that either was given vitamin D*

²⁹²<https://www.marca.com/en/lifestyle/uk-news/2022/02/21/62135968268e3ec-c3e8b45d5.html>

effectively) vaccinated. On September 8th 2022, (coincidentally 3 days after the roll-out of a new bivalent RNA Covid ‘vaccine’ for elderly care home residents in Scotland²⁹³), this much-loved elderly lady passed away peacefully at her second home in Scotland. There is no mention of whether she had ever received or been recommended to take Vitamin D, but it is implied by the BBC that she was given experimental treatment with Paclovid or Remdisivir²⁹⁴. For obvious reasons of State, no post-mortem was performed and the cause of death was ‘natural causes’.

The following is a quote written recently by her 73-year old son, in an article in the Royal College of Physicians’ *Future Healthcare Journal*, in which he advocates forming a bridge between evidence-based conventional and complementary medicine. He adds... ‘*Who would have thought, for instance, that in the 21st century that there would be a significant lobby opposing vaccination, given its track record in eradicating so many terrible diseases and its current potential to protect and liberate some of the most vulnerable in our society from coronavirus?*’²⁹⁵. At the very least this shows complete ignorance of the fact that the ‘vaccines’ made by Western Big Pharma, are not ‘normal’ vaccines but dangerous synthetic bio-weapons, directed against a synthetic virus that is itself a bioweapon, and capable of being inserted into our DNA and that of generations to follow²⁹⁶.

Case 2. Giulia Lucenti, aged 16, a healthy young Italian teenage girl from Modena, Italy, whose whole life should have lain ahead of her, was found by her mother dead in her bed on September 9th 2021, seventeen hours after her second injection of the unlicensed Pfizer RNA ‘vaccine’. She did not believe in taking any medicines or supplements, (including Vitamin D). A

²⁹³<https://www.ibtimes.co.uk/new-moderna-bivalent-vaccine-will-rolled-out-september-5-nhs-says-1703996>

²⁹⁴<https://www.aol.com/queen-could-given-newly-approved-151941567.html>

²⁹⁵<https://collegeofmedicine.org.uk/hrh-the-prince-of-wales-calls-for-an-integrated-approach-to-health-in-latest-edition-of-future-healthcare-journal>

²⁹⁶<https://pennybutler.com/spike-protein-impairs-dna-repair/>



Figure 13(2) *16 year-old Giulia Lucenti, was found dead in bed on Sept 9th 2021, 17 hours after her second Pfizer vaccine shot*

very unsatisfactory autopsy was performed, which showed macroscopic evidence of myocarditis, but did not include histology. This was reviewed by an independent pathologist, who found evidence of sub-endocardial fibrosis, damage dating to the first dose, and concluded that her heart had stopped as a result of myocarditis induced by the second Pfizer injection.

These two cases are illustrative of the blunderbuss approach to drive quite unnecessary pseudo-vaccinations, first of a very elderly lady; the effect, if any, was to protect her against becoming a centenarian as her mother had been. And the second, on the other hand, was a teenage girl on the brink of adulthood, with a whole life ahead of her, mindlessly vaccinated to protect against a disease that presented absolutely no risk to her. And in both cases with no consideration of strengthening innate natural immunity. These two cases surely stand as hallmarks of a completely collapsed health care systems that have been sold to Big Pharma and all who ride in her.

To rub salt into the wound, we have just heard how on December 22nd 2022, the UK Government has signed a ten-year contract with Moderna²⁹⁷ to *invest in mRNA research and de-*

²⁹⁷ <https://www.gov.uk/government/news/uk-cements-10-year-partnership-with-moderna-in-major-boost-for-vaccines-and-research>



Figure 13(3) *Stéphane Bancel (left) and Albert Bourla (right), CEOs respectively of Moderna and Pfizer*

velopment (R&D) facility in the UK, a state-of-the-art vaccine manufacturing centre with the ability to produce up to 250 million vaccines a year'. We presume that His Majesty's Government is unaware of the evidence presented by DCA with Professor Joseph (Giuseppe) Tritto in June 2022 to the International Criminal Court against nine people we cite for Crimes Against Humanity for constructing the Bioweapon SARS-CoV-2. One of these is Mr Stéphane Bancel, CEO of Moderna. In 2016 he transferred a number of patents from Bio-Mérieux to Moderna, notably one on the 19-base insert into the spike protein that includes the 12-base PRRA furin cleavage site. This same insert is included in both Moderna and Pfizer spike protein RNA 'vaccines', one of which was used in each of the two above illustrative individuals described above.

CHAPTER 14

ON BAT-PERSON VIROLOGISTS, BATS, PANGOLINS AND VITAMIN D3

Let us now take what may at first seem to be a trivial diversion, but one which is in fact highly relevant to our case. As we have seen, the SARS-CoV-2 man-made virus was constructed in a laboratory, from components of a bat coronavirus, melded with one from a pangolin. It seems extraordinary that although virologists of various bio-weaponary persuasions have worked hard to create a highly effective new virus from bits of these coronaviruses and then weaponised the product, nobody wants to explain why! No virologist, that is, because bats in their droppings are clearly dropping hints, and these have to do with their special ecological evolutionary niches. So let's start with the upside-down view of the average bat, which are the only free-flying mammalian species. Bats sleep hanging upside down gripping the roofs of caves or high branches, and their forelimbs have evolved into light and pigmented membranous wings. The hanging position provides protection from predators, and allows immediate flight when the bat releases its grip. Bats that have fallen to the ground must use their sharp claws to climb back up, because unlike birds they cannot take off from the ground²⁹⁸.

²⁹⁸<https://wildexplained.com/can-bats-take-off-from-the-ground/>



Figure 14(1) *Horseshoe bat*

Vitamin D deficiency and bats' idiosyncratic immune systems

Bats' bodies are riddled with micro-organisms, and especially RNA viruses against which they do not seem able to mount a normal mammal's innate immunological response. This makes them of great interest to Military establishments and their researchers like Peter Daszak of the US Pentagon's Eco-Health Alliance, who seem perplexed as well as worried. One nasty bat virus is the one that causes rabies; it is a negative single stranded RNA virus of the Lyssavirus family, and the origin of fear of infection by viruses originating in bats. There are few official suggestions as to what puts bats in this complacent position. For example in a very detailed and comprehensive review of bat immunity, there is not a single mention of the obvious fact that bats are not exposed to the sun's rays and so are bound to suffer from deficiency of Vitamin D, which as we have seen has a major role in

regulating the innate immune response in ‘normal’ mammals²⁹⁹. Yet might this all be merely to do with exploiting or at least tolerating Vitamin D deficiency, in turn due to lack of exposure to the sun’s rays, and their avascular membranous skin?

The relevance of a Vitamin D-dependent system called cGAS-STING

As we have seen, for most mammals and other animal species, the calcitriol/VDR system provides special protection against virus pathogens, provided there is enough Vitamin D in the form of circulating calcifediol. As already discussed, for most mammals, including Man, the major source of Vitamin D is solar UVB irradiation acting on 7-dehydrocholesterol on the skin. As we have already seen, this fractures the B-ring to form pre-Vitamin D₃, which with heat then unfolds to form cholecalciferol (Vitamin D₃ itself). Cholecalciferol is then absorbed into the blood, and travels to the liver to be converted to the 25-hydroxylated reservoir form calcifediol. With the exception of any such species that evolved to live off sun-irradiated insects, most bats are bound to a life of perpetual Vitamin D deficiency³⁰⁰. This has led to inevitable immunological blurring between self and non-self, in which they have lost part of the pro-inflammatory immune mechanism triggered by Vitamin D to fight off infections. There is a mechanism (cGAS-STING (Stimulator of Interferon Genes)) that evolved to detect and destroy DNA in the cytoplasm, where cellular DNA is not supposed to be found. It turns out that bats have evolved a reduced c-GAS STING mechanism, which is in all bat species due to the single mutation in the codon for Serine at position 358 in the gene for STING³⁰¹. So one

²⁹⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7165715/>

³⁰⁰<https://www.sciencedirect.com/science/article/pii/S0016648003001503>

³⁰¹<https://www.bbc.co.uk/news/science-environment-43155827>

strong possibility to explain why bats have to live parasitised by so many virus species that are bad news for humans and ‘normal’ mammals, is that they are consistently and obligatorily Vitamin D-deficient. In most mammals the active form of Vitamin D3, calcitriol, down-regulates the pro-inflammatory cGAS-STING pathway, which has evolved to facilitate elimination of retro-viruses. Bats have had to circumvent this, and simply learn to live with the enemy. But it surely follows that human beings will be especially susceptible to bat viruses if they suffer from Vitamin D-deficiency.

How does this relate to the dead-pan life of a pangolin?

But what about pangolins, who unlike bats wear heavy armour and cannot fly? These gentle creatures are protected by thick scales made of keratin over their exposed skin, and their main defence against attack by carnivores is to curl up into a ball, act dead, and for good measure secrete an offensive smell from special anal glands³⁰². Like bats they also are nocturnal. Unlike bats, however, they lack teeth and their special dietary niche is eating ants and termites which they access with strong claws for digging, and an exceptionally long and ant-sticky tongue. Worldwide there are eight species of pangolin, and all of them are threatened by humans, because of the ludicrous China trade in ground-up pangolin scales for supposed immune protection³⁰³.

Little has been written about Vitamin D and pangolins, but their sun-blocked armour-plated skin, and nocturnal diet of ants and termites, means they too must be D-deficient inside. Xerophthalmia and other signs of vitamin A deficiency have been well-described in captive Sunda pangolins³⁰⁴ and these respond-

³⁰²<https://www.britannica.com/animal/pangolin>

³⁰³https://en.wikipedia.org/wiki/Pangolin_trade

³⁰⁴<https://pubmed.ncbi.nlm.nih.gov/33058569/>



Figure 14(2) *One of eight species of Pangolin, threatened by use of ground-up scales in Traditional Chinese Medicine. Vitamin D-deficient, but the scales must be rich in 7DHC*

ed to 3000 units of vitamin A combined with 300 units of D daily; as we have already seen, the Vitamin D receptor forms a heterodimer with the retinol (vitamin A) RXR receptor. Furthermore, the cGAS-STING mechanism is also inactivated in pangolins, but by a mechanism that includes premature stop codons and frameshift mutations,³⁰⁵ and so is quite different from the single Serine 358 mutation in cGAS-STING found in all bat species. It is not clear if this is related to pangolins being edentulous, but newborn human babies are also edentulous, and Vitamin D deficiency in human mothers and their babies has a major effect on their dental development³⁰⁶.

The ground-up pangolin scales for which there is such a market in China, are said to be ‘of no nutritional value’, yet they are ingredients in nearly 500 prescriptions in traditional Chinese

³⁰⁵<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7291609/>

³⁰⁶<https://pubmed.ncbi.nlm.nih.gov/33944665/>

medicine, many of which date back centuries^{307 308}. The scales' supposed uses vary widely, from helping with anorexia, sores, and skin infections to treating infertility in women and promoting lactation to fighting arthritis. This all makes one think of Vitamin D. We are not, of course, told how they are dried, but direct sunshine seems a fair bet, and one might speculate that if they contain cholesterol and therefore its precursor 7-dehydrocholesterol, the sun-dried scales may also contain Vitamin D3. The live pangolin beneath the armour is D-deficient, but not necessarily its scales; this is worth looking at, because if the immunosuppressive qualities were real and in fact due to Vitamin D3, universal D-repletion in China might also help save pangolins from extinction.

What is the link with virologists and their associates?

Virologists belong to the species officially designated *Homo Sapiens* (NOT *Ignorans*). At the end of winter in the Northern Hemisphere, they must also become Vitamin D deficient, even though most do not recognise it. They work long hours indoors, and may well shun and block the summer sun from their delicate skin. And if the virologist's forebears left or were taken as slaves from Africa, they will be especially vulnerable to D-deficiency and therefore to the likes of SARS-CoV-2. In these days of hyper-specialisation they may of course not be aware of the importance of Vitamin D for combating infections of all kinds.

We have seen in Chapter 3 that this synthetic virus was designed and put together as a Chimera by specialist virologists in laboratories in the USA and China, manipulating and changing pieces of two viruses taken from two different mammalian spe-

³⁰⁷ <https://www.theguardian.com/environment/2020/oct/13/china-still-allowing-use-of-pangolin-scales-in-traditional-medicine>

³⁰⁸ Chinese Medicine and the Pangolin. *Nature* 141, 72 (1938). <https://doi.org/10.1038/141072b0>



Figure 14(3) *Dr Shi Zheng-Li in full cumbersome P4 Lab gear*

cies, bat and pangolin, that are evolutionarily poles apart. By different routes the two Orders have come to share at least one thing. Both bats (Chiroptera) and pangolins (Philodata) fill ecological niches that mean they live in the dark without exposure to the sun, and so without important protective immune systems that depend on Vitamin D-dependent genes. They have done so by in their separate ways jettisoning a mechanism by which the 'normal' mammalian immune system responds to attack by viruses by outright inflammatory retaliation. For bats such a defence strategy is equivalent to laying down your arms, making unconditional peace, and hoping for the best with otherwise dangerous invaders.

The nature and role of Homo Ignorans in the Great Biology Reset

The virus clearly escaped from China, but the original folly of engaging in Gain of Function Research was first developed in laboratories in the West; and in the process the addition of other

elements, notably the Furin Insert and the HIV characteristics have revealed that something is seriously wrong with the place of *Homo Sapiens* in modern global biology. Klaus Schwab, the eternal Godfather of the World Economic Forum, is a rich old man with a narrow vision of humanity, and he has declared that Mankind is ready for what the New-King-Charles-III has also termed ‘*The Great Reset*’³⁰⁹. This is a nebulous trans-humanist concept in which Man merges with machine, and was theme title of the 2020 WEF meeting in Davos attended by Prince Charles. It is also linked to another Schwabian concept, namely *Stakeholder Capitalism*, which he proposes in place of raw *Shareholder Capitalism*. The former sounds marginally better than the latter, at least in a theoretical world where global scale corruption was under control. But how are we to apply this to Covid-19’s Big Pharma, and a synthetic pandemic in which the same forces that created the virus also created the expensive pseudo-vaccines and the costly but ineffective patented drugs, with which to fight it?

Who gives a shit about bat shit?...

... or the big stakeholders wedded to eternal Gatesian vaccines, who include members of compromised CDC, FDA, NIH, NIAID, WHO and WEF? For all of the above, it seems, only the artificial human capitalist solution counts, and Nature and natural Immunity are deemed to be both irrelevant, and positively dangerous, as they run counter to the need for persistent global ill-health upon which Big Pharma depends for its outrageous profits? Of course, in reality all those damaged by the synthetic SARS-CoV-2 virus, and the many more damaged or killed by the linked synthetic *Spike Protein-based ‘vaccines’* would normally be the most important stakeholders. But they have been neu-

³⁰⁹ <https://www.dailymail.co.uk/femail/article-8384549/Prince-Charles-launches-Great-Reset-project-amid-coronavirus-pandemic.html>

tered by medical corruption and denial, a Big-Pharma sponsored take-over of medical education and research, and by previously trustworthy journals such as the *New England Journal of Medicine*, *Nature* and *The Lancet*, that are now the bought lap-dogs of Big Pharma.

Is Global human D-deficiency part of someone's Great Reset plan?

Of course, this question may sound ridiculous, but then we do seem to be dealing with an Alice-in-Wonderland world in which the scientifically ridiculous is the norm, and the buying power of the hyper-rich is so great that science is clearly up for sale to the highest bidder. People with Big Money have, by and large, not been trained in science, and as we elderly Small Money medical authors have struggled to achieve as much partial, but truthful knowledge as we can, we find that all forms of mainstream science have been corrupted. We live in a world where formerly prestigious journals have published fake data, something that is not new with Big Pharma, but has reached new orders of magnitude. In any case, something may become part of a plan by default, and word has certainly got as far as the BMGF and Great Britain's Wellcome Trust that it effectively owns, and it is that **Vitamin D studies are a big No-No.**

So back to basics. Right from early in 2020 it was obvious that mask-wearing, isolation of well people indoors, policing beaches, and ignorant pronouncements on potential risks all led to failure to recharge the weakened Northern Hemisphere summer D3-batteries. Covid-19 infections were deliberately made worse by vetoing early treatment. *'First do no harm'* was replaced by *'First do nothing, then await instructions'*. Then, at the end of 2020 with the rollout of the pseudo-vaccines, our species was handed over to a criminal industry whose business model is to use unnatural, patentable, methods stolen from a partial knowl-

edge of natural immunity, in order to kill especially the Vitamin D-deficient. It seems that pretty much the whole of scientific humanity has now gone completely bats. Pangolins may be ahead in the extinction arm of the Great Biology Reset, but mankind is not far behind.



Figure 14(4) *The Gates-funded Wellcome Trust's Gibbs Building, Euston Road, London, and its erstwhile Director, Professor Sir Jeremy Farrar, who, wheels within wheels, has recently rotated to become Scientific Director of the WHO. Whoever said financial nepotism was dead?*

CHAPTER 15

THE UNFOLDING OF THE COVID-19 VACCINE DISASTER

Primum non nocere; first do no harm

We spotted at the beginning of the pandemic that something was profoundly wrong. It was obvious at the outset that the disease was not universally serious, and for some people just caused a nasty cold. The people pressing for artificial immunisation against Covid-19, were clearly driven by the pursuit of profit, rather than of truth, let alone safety. They show little regard for the principles of ‘*primum non nocere*’ or of risk-benefit analysis. *Risk* was to be dealt with by denial and control of the medical profession and the media, flagrant exaggeration and global fear-mongering; while *benefit* was to be defined by measurement solely of antibody response, fiddling all sorts of data and nebulous concepts like herd immunity. And all the time the essential driving force was greed, speed and monetary profit for and protection of Big Pharma and all who ride in her. This included US public health officials, notionally responsible for controlling the US and Global Health Care Systems and epitomised by Dr Anthony Fauci. Death and disability, it soon became clear, would be dealt with by suppression, mislabeling and negation of science and the Scientific Method.

Lessons from other vaccines that have failed to work, and actually make the illness more severe were there for all to see. These include the mosquito-borne disease Dengue, which comes with four cross-reacting variants and for which natural immunity or a vaccine that protects against one variant, makes other Dengue variants more severe, leading to Dengue Haemorrhagic fever, through a phenomenon known as **antibody-dependent enhancement**³¹⁰. These principles all already apply to so-called 'normal' vaccines. Most dangerously the whole Covid-19 vaccine scenario has been driven by an exceptionally rich and ignorant man, Bill Gates, without qualifications, but with stratospheric amounts of money. He has one major obsession, namely of vaccines against all diseases, including unknown ones, of which he claims magical predictive powers. So what is the evidence that the nucleic acid vaccines are killing and maiming large numbers of people?

VAERS - imperfect and manipulated, but tell-tale nonetheless

The Vaccine Adverse Events Reporting System (VAERS) was set up in the USA to detect safety signals (not detected in pre-market testing) following administration of biological or pharmaceutical products. It was originally put in place in 1990 as a solution to non-liability of pharmaceutical companies as per the 1986 National Childhood Vaccine Injury Act. It is maintained and monitored by the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA)³¹¹, and it is far from perfect. The person submitting the report has 30 minutes to

³¹⁰<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7642463/>

³¹¹<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/fda-bioresearch-monitoring-information/bioresearch-monitoring-program-information>

file a multi-page electronic VAERS submission of detailed information, on line and if it is not completed fast enough, s/he must begin the submission process again. Deborah Conrad, an experienced and conscientious physician's assistant, in late 2021 blew the whistle on COVID jab injuries, and the fact that these injuries are rarely reported to VAERS as required under US law. She also noticed a sudden rise in cancers among vaccinated patients whose tumours had gone into remission before the jab, as well as dramatic increases in heart attacks, strokes, blood clots, pneumonia, sepsis, gastrointestinal complaints and bleeds, appendicitis and pancreatitis, among vaccinated patients. She also tracked 35 patients admitted to hospital with Covid, and found that 30% of them had been vaccinated. Deborah Conrad completed over 120 VAERS reports in one US hospital before being fired from her job for refusing to have the jab herself³¹². She deserves a knighthood.

It is uncertain what percentage of adverse reactions are actually reported to VAERS, but 1% seems a plausible estimate. Sites such Facebook post by WXYZ-TV Channel 7 allow one to browse through more than 246,000 comments from people describing their injuries or those of friends and relatives. Rose and McCullough³¹³ have conducted a detailed study of VAERS reports, and found a 19-fold increase in adverse cardiac events among 13 to 23 year-olds, with 80% of them being in males. The rate was 6 times more common after the second than the first dose, and followed closely the roll-out date for individuals in this age group. The Israeli Ministry of Health has reported that approximately 1 in 4,500 men in the age group 18 to 24 years developed myocarditis, after the Pfizer-Biontech vaccine BNT162b2. In 2019 and 2020 there was a single case each of

³¹²<https://originalrebel.net/2021/09/21/whistleblower-deborah-conrad-senior-pa-describes-the-pushback-from-her-hospital-on-reporting-covid19-vaccines-side-effect-to-vaers/>

³¹³<https://podcasts.apple.com/us/podcast/vaccine-researcher-jessica-rose-and-dr-peter-mccullough/id1513237951?i=1000539459117&cl=de>

myocarditis reported to VAERS, as against no less than 559 in the first 6 months of 2021. And recently it has become clear that many recorded adverse events have mysteriously disappeared from the records; furthermore as of November 18, 2022 VAERS has stopped putting free text field information in for Europe/UK. This affects the country data (previously the highest number of VAERS reports came from the UK), the history, allergies, medications and lab data³¹⁴. It appears that the CDC and the FDA have decided that it is time to control the narrative more completely, while claiming that this is ‘*at the request of European regulators.*’

The UK’s Yellow Card system and the MHRA

The Medicines and Healthcare products Regulatory Agency (MHRA) is the executive Agency of the UK’s Department of Health and Social Care, that supposedly acts to protect and promote public health and patient safety. Three different ‘vaccines’ - Pfizer Cominarty, Moderna, and Astra-Zeneca, have been assessed. We consider here what is known of their side-effects, any assessment of which depends upon the so-called Yellow Card reporting system. The Yellow Card system report is worth reading and analysing. It is repetitive and seems to concentrate on the rarity of serious adverse effects. Thus... ‘*The most frequently reported adverse reactions were injection-site tenderness, injection-site pain, headache, fatigue, myalgia, malaise, pyrexia (fever), chills, and arthralgia, and nausea; these were each reported in more than 1 in 10 people. All vaccines and medicines have some side effects. These side effects need to be continuously balanced against the expected benefits in preventing illness.?’....’The COVID-19 Vaccine Pfizer/BioNTech was evaluated in clinical trials involving more than 44,000 participants..... Adverse reactions were reported less*

³¹⁴<https://www.openvaers.com/faq/the-changes-to-the-european-uk-vaers-data>

frequently in older adults (over 55 years) than in younger people'. So an obvious question that follows is, 'why then are you going along with vaccination of the young, for which the virus itself poses negligible threat?'

.....*'The expected benefits of the vaccines in preventing COVID-19 and serious complications associated with COVID-19 far outweigh any currently known side effects in the majority of patients.'*

'In addition There are currently no indications of specific patterns or rates of reporting that would suggest the vaccine has played a role'....

The MHRA seems unaware of past pregnancy disasters, eg thalidomide

It moves on to Vaccines in pregnancy... *'Pregnant women have the same risk of getting COVID-19 as non-pregnant women, but they may be at an increased risk of becoming severely ill, particularly if they get infected in the third trimester or if they also have underlying medical problems, compared to non-pregnant women. The current advice of the Joint Committee on Vaccination and Immunisation (JCVI) is that the COVID-19 vaccines, including booster doses, should be offered to those who are pregnant as a clinical risk group in the COVID-19 vaccination programme and can be given at any stage in pregnancy.'* There is of course no mention of the need, for both mother and fetus, to make sure that the mother has adequate levels of Vitamin D.

And how about this for sheer complacency. *'The number of Yellow Card reports for pregnant women are low in relation to the number of pregnant women who have received COVID-19 vaccines to date (about 135,000 women in England have given birth up to end of May 2022 (footnote 2) after receiving at least 1 dose of COVID-19 vaccine during or shortly before pregnancy and about 47,000 women in Scotland and Wales have received at least 1 dose whilst pregnant up to end July 2022). Pregnant women have re-*

ported similar suspected reactions to the vaccines as people who are not pregnant. Reports of miscarriage and stillbirth are also low in comparison to how commonly these events occurred in the UK outside of the pandemic.....These studies provide strong evidence for no increased risk of miscarriage in association with the mRNA vaccines in current use'.....

...'Additional evidence on the safety of monovalent COVID-19 Vaccine Pfizer/BioNTech exposures in early pregnancy is available from a published study from Israel [footnote 8]. This study looked at live birth outcomes for more than 2,000 women who were vaccinated in their first trimester compared to more than 3,500 unvaccinated women who became pregnant around the same time. The study found no differences between vaccinated and unvaccinated women in rates of pre-term births, neonatal hospitalisation or mortality, or

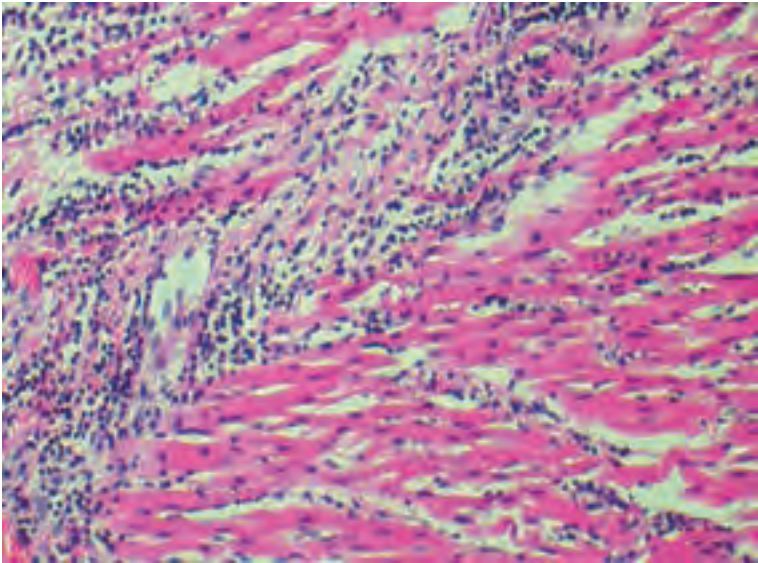


Figure 15(1). Histology from a case of gross fatal myocarditis. But histologically mild post- 'vaccine' myocarditis can also kill, as it did 16 year old Giulia Lucenti (see chapter 13) if it triggers ventricular fibrillation during sleep.

babies born with birth defects. This study provides further evidence for no increased risk of birth defects following monovalent COVID-19 Vaccine Pfizer/BioNTech....

.... 'A small number ofwomen have reported decreases in their milk supply, most of which were transient, or possible reactions in their breastfed child. A number of factors can affect milk supply and infant behaviour, including general maternal health, amount of sleep, and anxiety. The symptoms reported for the children (high temperature, rash, diarrhoea, vomiting and general irritability) are common conditions in children of this age, so some of the effects reported may have occurred by coincidence.'

As COVID-19 Vaccine AstraZeneca and monovalent COVID-19 Vaccine Moderna are not the preferred vaccines in under 18s there is insufficient experience in this age group to be able to make similar estimates..... WHY??

Myocarditis in young men after RNA Covid-19 vaccines

Turning to the question of myocarditis especially in young people, we find that close monitoring is regarded as a substitute for action..... *'There has been a small number of reports for myocarditis and pericarditis (inflammation of the heart) in individuals under 18 years both in the UK and internationally. This is a recognised potential risk with the monovalent and bivalent COVID-19 Vaccine Pfizer/BioNTech and monovalent and bivalent COVID-19 Vaccine Moderna and the MHRA continues to closely monitor these events. Further information surrounding these very rare reports of myocarditis and pericarditis within this population can be found within the specific section on this safety topic later in the summary. We will continue to closely monitor the safety of the COVID-19 vaccines in those under 18 years old.'*

... 'the nature of events reported with third and booster doses up to Autumn 2022 is similar to that reported for the first two doses of the COVID-19 vaccines,there have been a small number of reports

of suspected myocarditis and pericarditis following booster doses with monovalent Pfizer/BioNTech and Moderna COVID-19 vaccines. This is a recognised potential risk with the mRNA COVID-19 vaccines and the MHRA is closely monitoring these events. The reports after booster doses are extremely rare and there is no indication that these events are more serious after boosters....as if myocarditis was not already serious enough!! Remember, these words in italics are lifted directly from The MHRA, which is the executive Agency of the UK's Department of Health and Social Care; to us they raise the possibility as with the CDC and FDA, of Regulatory Capture....

'.... Review of third and booster dose reports does not raise any new safety concerns. As part of the MHRA's booster safety monitoring strategy, reports of suspected adverse events following COVID-19 boosters given at the same time as seasonal flu vaccines have been closely monitored.... no new safety concerns have been identified in this data either.

There have been a small number of reports of suspected myocarditis and pericarditis following booster doses with monovalent Pfizer/BioNTech and Moderna COVID-19 vaccines. This is a recognised potential risk with the mRNA COVID-19 vaccines and the MHRA is closely monitoring these events. The reports after booster doses are extremely rare and there is no indication that these events are more serious after boosters. So, it is yet more close monitoring!!

Yet more complacency from the UK's MHRA

'On 14 December 2021 it was announced that following a CHM review of the Yellow Card data on anaphylaxis after the primary course and boosters there would be a temporary suspension of the post vaccination 15-minute monitoring time for the majority of individuals. This helped to accelerate the public health response to the Omicron variant. On 5 May 2022 the 15-minute observation period after vaccination with the monovalent COVID-19 Pfizer/BioNTech or Moderna vaccines was removed for individuals aged 12 years and

over and who have no history of a severe allergic reaction (as outlined in the Green Book advice)[footnote 8]. This followed careful review of the safety data by MHRA and advice from the CHM.The temporary suspension of the 15-minute observation time for children aged 5-11 years is under regular review by the CHM and the COVID-19 Vaccines Benefit Risk Expert Working Group. 'Why on earth are you recommending multiple vaccinations for children this young, who are at NO RISK of Covid-91?

'The MHRA is closely monitoring reports of anaphylaxis with the monovalent and bivalent COVID-19 Vaccine Moderna and has received 99 reports of anaphylaxis in association with the vaccines. Anaphylaxis is a potential side effect of the Moderna vaccines, and it is recommended that those with known hypersensitivity to the ingredients of these vaccines should not receive it.' HOW DOES THIS WORK WHEN INGREDIENTS ARE NOT KNOWN ?

'The MHRA has received 888 UK spontaneous adverse reactions associated with anaphylaxis or anaphylactoid reactions reported and such reports are very rare.' Who says 888 spontaneous reactions is very rare? *'The product information reflects the fact that reports of anaphylaxis have been received for the COVID-19 Vaccine AstraZeneca.'* And who reads the product information?

*'The MHRA has received 4,011 UK reports of suspected ADRs for the COVID-19 Vaccine Pfizer/BioNTech in which the individual was reported to be under 18 years old, 264 reports for the COVID-19 Vaccine AstraZeneca, 33 for the COVID-19 Vaccine Moderna and 34 where the brand of vaccine was unspecified'. **That is surely one hell of a lot of adverse reactions in individuals for whom Covid-19 presents absolutely no risk!***

Embalmers tales, standardised death rates & life insurance

There are some things that emerge from this disaster that are so grotesque and unexpected that they simply cannot be obscured by lies. One such is the tale of certified embalmers, including

Richard Hirschman who found that in 65% of patients dying after vaccination there were strange, stringy fibrous venous clots extending far into the veins; these are sometimes also found in arteries^{315 316} (Fig 15(1)). Many of these people were said to have died from a heart attack or stroke. Although most of his colleagues are reluctant to speak out, they admit in private to have seen the same phenomenon, and link it to the introduction of the nucleic acid pseudo-vaccines.

The life assurance data show a dramatic increase in all countries in all cause mortality across all ages. The figures from the Office of National Statistics (ONS) especially for children are horrifying³¹⁷ The data shows that between 1st Jan '21 and 31st March '22, double vaccinated children aged 10-14 were statistically up to 39 times more likely to die than unvaccinated children, and double vaccinated teenagers aged 15-19 were statistically up to 4 times more likely to die than unvaccinated teenagers. But it's the triple vaccinated figures that are truly frightening when it comes to children. Between 1st Jan '21 and 31st March '22, triple jabbed children aged 10-14 were statistically 303 times more likely to die than unvaccinated children of Covid-19, 69x more likely to die of any cause other than Covid-19 than unvaccinated children, and 82x more likely to die of all-causes than unvaccinated children. Once again, these figures are absolutely staggering for experimental vaccination against a disease caused by a man-made virus, for which both virus and RNA vaccine are the subjects of patents taken out by the same individuals (viz Bancel and Moderna).

³¹⁵<https://rumble.com/v11qcta-unbelievable-blood-clots-video-from-embalmer-richard-hirschman.html>

³¹⁶<https://adversereactionreport.com/breaking/embalmer-richard-hirschman-reveals-strange-clotting-in-65-of-cases/>

³¹⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlymortalityanalysisenglandandwales>



Figure 15(1) near here. Legend: strange antemortem clots reported by embalmer Robert Hirschman (<https://yournews.com/2022/09/05/2407616/embalmers-have-been-finding-numerous-long-fibrous-clots-that-lack/>)

CHAPTER 16

ON REAL CONSPIRACIES VERSUS MERE CONSPIRACY THEORIES

The lonely plight of the conspiracy theorist

Let us just consider a hypothetical situation. There are some people still alive, many of them at least as intelligent as ourselves, who believe the Covid-19 catastrophe is the result of some massive conspiracy. Since this goes against the mainstream narrative, we are by definition considered Conspiracy Theorists and therefore Enemies of the People. The labels ‘conspiracy theory’ or theorist are enough to close many minds, yet there have been massive global conspiracies occurring but denied before people’s eyes before - consider the Nazi holocaust for example - so why not again? We may therefore reasonably ask the question; *‘If there was a person or group conspiring to change the whole world, what would be needed for them to succeed?’* This is, of course, just a thought experiment. But such thought experiments have been espoused by some very clever people, including Albert Einstein³¹⁸ And Abraham Lincoln is said to have said *‘You can fool all of the people some of the time; you can fool some of the people all of the time; but you can’t fool all the people all the time’*³¹⁹. So, we will settle for some person or persons fooling most of the people all of the time.

³¹⁸https://en.wikipedia.org/wiki/Einstein%27s_thought_experiments

³¹⁹<https://historynewsnetwork.org/article/161924>

Would being mind-bogglingly rich help?

Money is a global lubricant than can be used to help almost anything move. It is not that some people won't sometimes do things free of charge. But the exchange of money for something seemingly innocent might well later be used to the detriment of truth. It might come directly, or indirectly, for example in the form of funding for a scientific grant; or even for a free meal, or attendance at a conference. And for someone on a doctor's or a politician's salary it does not need to amount to much for someone who is extremely rich, all things being relative. Any such exchange of money would of course be done through an intermediate, such as a Group paid to serve the interests of a rich paymaster. For a normal family man in the lower to middle income bracket, £5,000 or even £1,000 in cash or kind might help a great deal with paying the house mortgage. Let's say a hundred people in positions of influence were each to receive an average of £2,000 in one form or another, that comes to £200,000, which is peanuts for a multibillionaire with a mission, but not to the recipients of such largesse, who are struggling to make ends meet on a low salary. This disparity of the relative values of money gives the rich party to the transaction excessive and unearned power over the other.

Well, we would have to speculate that this mega-rich individual (who for the sake of simplicity we will masculinise) would have a track record of greed and ruthlessness behind normal acquisitiveness, which would be clumsily displayed on his way to the top. Money, after all, gives one power over others, especially if some of it is used to cover any shady elements in the past. He would need to be a mega-billionaire, richer than anyone else, and would be extremely crafty, more than a bit psychopathic, and maybe searching for a cover of blessed saintliness. So, he needs a mission, and would want to involve many other rich people, whose ambitions were more limited, but for whom a touch of saintliness would also look good. But he would need a cover sto-

ry that seemed credible, and ultimately one that he in fact came to believe in, so what might that be?

Dark learning from the Black Death

Let's look around for a moment. Most of us are extremely trusting of others, but we do have our weaknesses. We tend to be afraid of sickness and ill-health, especially something contagious like an epidemic³²⁰. You just need to study a little history from the pre-modern era, for example the Black Death, or the Great Plague of London, caused by the bacterium *Yersinia pestis*. (It is, parenthetically, interesting that recent studies on skeletons from mass graves in London point to the great plague in 1348 being of the pneumonic type, - that is, accompanied by terminal inflammatory pneumonia, so death was very fast. Yet 16% of the skeletons reportedly show evidence of the D-deficient bone disease rickets³²¹. As much as a third of the population of Europe died of that plague)³²². Then there was the influenza pandemic of 2018-9, which killed more people than died in the First World War³²³.

Of course, one of the legacies of Pasteur, Yersin, Koch and others from the first microbiology era of the nineteenth and twentieth centuries, was the development of vaccines against many infectious diseases. Vaccines give control to the producer, and prestige to the developer, and he who pays the piper calls the tune. So hypothetically we might expect our wealthy philanthropist, (who we have postulated would be quite selective with his scruples) to become obsessed with ill-health as it affects large populations, maybe the whole world. Such a person is so wealthy that he can, with long-term planning, recreate his tarnished im-

³²⁰https://www.academia.edu/2910634/Albert_Camus_La_Peste_1947_

³²¹<https://www.bbc.co.uk/news/science-environment-26770334>

³²²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4013036/>

³²³<https://virus.stanford.edu/uda/#::-:text>



Figure 16(1) *Bill and Melinda Gates. Still both involved in the BMGF, despite divorce.*

age through the vehicle of a philanthropic fund, rather along the model of the late John D Rockefeller³²⁴.

What about the Gates Foundation?

There is little doubt that Bill Gates, through the Bill and Melinda Gates Foundation (BMGF) is fixated on improving the health of the human race, through fighting such infectious diseases as malaria, tuberculosis and poliomyelitis, and unpredictable new viral pandemics, through the development of putatively clever vaccines that use modern technology³²⁵. Unfortunately, he has little understanding of biology, and the place of *Homo sapiens* within it. He prefers to ignore the question of natural immunity and what underlies it, and seems to prefer the easy technical fix, and one that leaves the current pyramidal global governmental and financial structures in place, with no room for alternative views and approaches. He is heavily committed also to the Ge-

³²⁴<https://www.challies.com/articles/the-philanthropists-john-d-rockefeller/>

³²⁵<https://www.gatesnotes.com/Health/A-Commitment-to-Global-Health>

netically Modified (GM) food industry³²⁶, which depends on mining and then patenting biological knowledge passed down and developed over generations of farmers who understand their local land and microclimate. This leads to dangerous monocultures in which every solution generates multiple problems, like cancers from glyphosphate used to kill pests^{327 328}. Vandana Shiva is withering in her criticism of the dangers in this approach, which is a form of slash and burn policy at all levels, committed to centralised control and profit for the 'already haves'³²⁹

Lessons from the Irish Potato famine

The example of the Irish Potato famine of around 1846 should be a salutary reminder of the dangers of monoculture for feeding whole populations. The potato evolved and was first developed in Peru by the Inca 5,000 to 8,000 years ago and after the Spanish conquest it was introduced to Europe in 1536 possibly by Sir Walter Raleigh³³⁰. One variety eventually became the staple food in rural Ireland in the mid-19th century, and the arrival from Mexico of the fungus *Phytophthora infestans* led to widespread famine with the deaths in Ireland of an estimated one million people³³¹

³²⁶<https://www.naturalhealth365.com/no-escape-bill-gates-wef-push-gmo-foods-end-food-as-we-know-it.html>

³²⁷<https://truthout.org/articles/what-bill-gates-isn-t-telling-you-about-gmos/>

³²⁸<https://pubmed.ncbi.nlm.nih.gov/23756170/>

³²⁹<https://www.newyorker.com/magazine/2014/08/25/seeds-of-doubt>

³³⁰<https://massinitiative.org/did-walter-raleigh-discover-the-potato/>

³³¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4066499/>

What are the dangers of megaphilanthropy?

At its core lie the seeds of its own destruction, and this is illustrated well by the Covid-19 disaster. It is driven from the centre by the absolute need to succeed financially. Let's take the matter up from the point when a new and highly contagious virus was first recognised in China, from whence it spread rapidly across the world. The first mistake made was to insist that the virus itself must constitute the whole problem, without recognising that viruses are by definition partial life forms, and therefore never constitute the whole of a problem. They propagate themselves by using host machinery, which itself may be weak or defective. An integral part of this machinery is the highly versatile molecule Vitamin D, and its activated form, $1,25(\text{OH})_2\text{D}$. This realisation was almost instantaneous to the authors of this book, and has since been supported by a plethora of evidence, which has grown by the day since its publication. As described there, and itemised repeatedly in one of the author's blogsites³³², the capacity of presumably intelligent medical professionals and scientists to deny the obvious role of Vitamin D in innate immune defence is stunning. We include in chapter 18 the analysis by one of us (DG) of 31 trials of Vitamin D in relation to prevention and treatment of Covid-19.

Hippocrates thrown out of the window!

This professional reticence applies to such supposed flagships for the practice of ethical and scientific medicine as the (Gates-funded) Royal Colleges of Physicians of London and Canada. *Primum non nocere*, as we have repeatedly alluded to, is a central tenet of the Hippocratic Oath. A superficial look at the literature, coupled with a small understanding of the obvious, shows that Vi-

³³²<http://www.drdauidgrimes.com/2022/06/>

tamin D is not a drug, but a rare and essential body constituent for which our bodies have developed a protein-binding buffering system needed against inevitable winter and other shortages. As we have reasoned above, its widespread and separate multiple apocrine, intracrine and endocrine roles, and its dependence on the sun's most threatened radiation penetrating enough skin, means that the major risk is of shortage, not of overdose of D3. Furthermore, measurement of the reservoir form (25OHD, calcifediol) in the blood is cheap and easy, and if done should guard against the possibility of different intakes being needed by different people. Yet the same professionals who argue you might get too much Vitamin D, have advocated new and dangerous vaccines against a deliberately forged virus, and used global press censorship to enforce their use.

Why are so many supposed 'experts' ignoring Vitamin D?

Every child aged over five knows and understands the parable of the Emperor's fine new clothes; and how stupid ostriches are to bury their heads in the sand in the face of danger; (they still get eaten in the end, even if they are spared the sight of being the chosen dish). A brief study of the literature should have brought home, as it did to the authors, that the body has a natural front-line mechanism, that has evolved over hundreds of millions of years, that depends on one critical seco-sterol that can only be made in nature by specific cleavage at one vulnerable site in the precursor molecule (7DHC) from high energy solar UV irradiation. Biologists are attuned to marveling at the complexities of nature, and look first for general rules and general patterns, while businessmen like Bill Gates, search for specific exceptions, that will lead to patents and profits. One cannot really blame them, but one can certainly blame supposedly educated biological scientists and the money-driven controlling mechanisms, that have created such flagrant scientific reductionism. And one can blame

the arrogance of modern medicine and its propensity for doing science by numbers. With the sudden symbolic imposition of lockdowns, it is as if the whole flame of The Enlightenment was extinguished overnight.

Everything points to certain steroids having certain types of similar functions across many different species; we have already mentioned the unique roles of testosterone and dihydrotestosterone in male sex differentiation and gender identity, spermatogenesis and reproduction. Vitamin D3 was first discovered through its hormonal roles in whole body calcium homeostasis, and skeletal development. So we should not be surprised that its biologically activated form has been selected for functions that depend on calcium transport also at the specific cellular level. The second part of call for protection against any infection has to be the first (innate) phase of the immune response, which only operates in the presence of adequate reserves of Vitamin D³³³. A good analogy is that Vitamin D provides for our immune cells the advance detection system of an unwelcome intruder, and a host of weapons for the body's front-line troops. It also provides a link to more specific lines of counter-attack, and shielding should the enemy return.

What makes a safe and useful vaccine?

It has been obvious to us authors from the start of this pandemic to look at the nature of SARS-CoV-2, which at the very least is a virus new to man, from the general viewpoint of how the immune system is activated in infections we already know something about. We should not assume that just because one infectious disease responds to a particular type of vaccine, all others will do likewise. Some diseases (such as tetanus or diphtheria) depend on the organism producing neurotoxins, for which the

³³³<https://pubmed.ncbi.nlm.nih.gov/20136905/>

antidote is to induce production of an antitoxin, by injecting a harmless version of the toxin. In others, poliomyelitis for example, the effect of the pathogen varies from a mild diarrhoea (if it stays in the GI tract) to severe paralysis (if it gains access to the bloodstream and thereby entry into and destruction of the lower motor neurone cells that drive muscle groups). So Salk in the 1950's used a killed polio virus to raise antibodies in the blood in order to neutralise an invading virus. Sabin was first to produce a live attenuated virus. But the danger is that the virus might mutate back to a neurotoxic version.

Bill Gates' experience in 'Ending Polio Now'

Even though his Charitable Foundation has been pledged for over 30 years, with the help of Rotary International, to 'end polio now', I doubt whether Bill Gates understands why this has proved so difficult. There is an intrinsic risk in clinical medicine in insisting that a particular disease has to behave the same way for all people. It is quite extraordinary to see that Rotary International, supported by the Gates Foundation, now proudly claims to have ended 'wild polio' in most poorer countries in Africa and Asia³³⁴. You have to look at the small print to find that in the process, between 2000 and 2015, this Gates-supported and driven campaign in India led to half a million cases of vaccine-induced infantile paralysis³³⁵. The Gates Foundation as a result was for a time declared *persona non grata* in India³³⁶. Increasing evidence indicates that it is now vaccine polio that is causing most of the polio cases in India, Africa and elsewhere. Gates, with no sense of irony, is now funding development of a vaccine against his

³³⁴<https://www.gatesfoundation.org/ideas/media-center/press-releases/2022/10/world-health-summit-gates-foundation-commits-over-one-billion-to-end-polio>

³³⁵<https://pubmed.ncbi.nlm.nih.gov/9599049/>

³³⁶<https://www.amazon.com/Oneness-VS-1-Vandana-Shiva/dp/9385606182>

own live vaccine-induced poliomyelitis.^{337 338} It is possible, even highly probable, that the chances of getting paralytic polio for a young immunised infant would be greatly reduced by boosting natural immunity by correcting maternal and so newborn Vitamin D deficiency. Both SARS-CoV-2 and polioviruses are single-stranded positive RNA viruses, Group IV in the Baltimore classification (Chapter 1).

The 'Billindagate' model of infectious disease control, vs. Occam's

Occam's razor dictates that entities should not be multiplied unnecessarily³³⁹. Thus, the simplest explanation is generally correct. We have slowly but surely come to the realisation that the approach to solving a simple problem, viz, control of a new virus that (like poliomyelitis) is only nasty for some, might be being driven by simplistic acquisitive power politics (otherwise known as greed). This has ultimately dictated that the acquisitive model itself is too expensive to be wrong; if something is wrong it cannot, by definition, be due to our own simplistic solutions, or to our ignoring the bleeding obvious. From this perspective, the truth can be declared too cheap to be true!

In the context of the current pandemic, we continue to see the total negation of Occam's razor, to explain why severity of the disease varies so widely within different groups. Thus, for some, it is just like a bad cold, while the same virus kills others. Why were white people in Care Homes, and Black or brown people regardless of wealth and social class in Britain, at much higher risk than others of dying from Covid-19? What do they

³³⁷<https://www.who.int/news-room/questions-and-answers/item/poliomyelitis-vaccine-derived-polio>

³³⁸<https://www.gatesfoundation.org/our-work/programs/global-development/polio>

³³⁹<https://www.britannica.com/topic/Occams-razor>

have in common? Well, to us thinking biologists who are well-tuned to the importance of Vitamin D in the first phase of the immune response, it is obvious that they share a propensity to severe D-deficiency. In one case because their skin produces high levels of melanin, which is a natural sun block, valuable at equatorial latitudes where our forebears evolved; in the other because the aged and infirm seldom get out into the sun, and anyway aging skin is less efficient at making Vitamin D3. These groups seem to have nothing else in common, therefore D deficiency is likely to be the common denominator; thus teacheth William of Occam.

It seems obvious that the case for adequate Vitamin D-supplementation is so strong that there must be more behind the persistent, obstinate and ubiquitous denial by supposedly intelligent people. So, is there more to this than meets the eye? Is it possibly the case that, in the words of John Heywood (1546), *'there are none so blind as those that will not see'*³⁴⁰. And if so, why will they not see? It certainly cannot be because of scarcity or cost. After all, we do know the structure of Vitamin D and that D3 can be synthesised from scratch or (more simply) made by irradiating lanolin from sheep's wool³⁴¹. And it cannot be because of any risk of overdose, because at levels well above what our bodies need, we see no toxic effects, but only reduced severity of this and many other diseases. An average daily dose of 4,000 Units a day is acknowledged by all to be absolutely safe, and this is confirmed by our observations in the pandemic. And Dr Anthony Fauci, Head of NIAID, who is bestowed near-sainthood by many, has said he takes 6000 Units a day³⁴²! Yet the official press, their interviewers and other journalists, all Governments and their advisers, privately funded researchers seeking a solution

³⁴⁰<https://quotefancy.com/john-heywood-quotes>

³⁴¹<https://www.soulcomfortsheepskin.com/blogs/blog/lanolin-vitamin-d-sheeps-wool>

³⁴²<https://vitamindwiki.com/Dr.+Fauci+takes+6%2C000+IU+of+Vitamin+D+daily+%E2%80%93+Sept+2020>

to Covid-19, and The World Health Organisation - all maintain a steadfast silence. The best we got from the likes of NICE, NHS England, SAGE and other Quangos, is that 400 Units of D3 a day satisfies all human calcium needs to prevent rickets, and that there is 'not enough evidence' to give more. This all seems awfully like an official policy (if not a conspiracy) of denial, or some sort of edict against increasing D intake too much. But why so, and where might it come from?

Who stands to lose from eliminating Vitamin D deficiency?

Let us continue our thought experiment, and turn the question around. Apart from reducing the risks of dying from Covid-19, what other effects would there be from eliminating Vitamin D deficiency? And if there are other effects that are beneficial to the health of us all, who stands to suffer as a consequence, and how? Put another way, who needs to keep people unhealthy and why?

Let's assume that money makes the commercial world go round, and undertake an approximate cost-benefit analysis. For simplicity we can ignore the ten or twenty million unnecessary deaths caused so far by Covid-19. So let us assume that the world's human population is 8 billion people, and we make them all at a stroke Vitamin D-replete for a year? Because this slows both the reproductive rate of the virus, and the severity of the disease it causes, this should more than amply stop the pandemic in its tracks. Well, on the cost side that is relatively easy. If we assume that most people get some Vitamin D directly from exposure of their skin to the summer sun (especially if they are not now wearing masks and gloves) or from fish in their diet (Inuits for example), an average supplement of 2,000 Units a day (50,000 Units a month) would suffice, and this would cost at most 30 billion dollars a year. This sounds a lot, but it has been estimated recently that the annual cost of Covid-19 for the

USA alone is 16 trillion dollars³⁴³, which scales up to 100 trillion dollars for the whole world. So by rough calculation therefore, the cost of making the whole world Vitamin D-replete for a year is one three-thousandth (0.033 percent) of the annual cost of leaving the world in its present D-deficient state. Remember, viruses are *partial* life forms and we are the other half necessary for their survival. So by this simple and completely safe manoeuvre we have had a major effect on the world economy, as we no longer need these vaccines. Shock, horror, that is going to leave an enormous dent in Big Pharma! But that is not the full extent of the BP disaster.

Would global D-repletion mark the death knell for Big Pharma?

This chapter is about a hypothetical thought experiment. I have just read that as of end-2019, the total global pharmaceutical market was valued at about 1.25 trillion U.S. dollars³⁴⁴. It is worth looking at where most of the money is made. As of mid-2019, top-listed therapeutic areas are, *Oncologics (ie cancer)*, (100 billion US dollars); *Pain relief* (78 billion Dollars); *Anti-diabetics*, (40 Billion dollars), closely followed by *Mental health drugs* (36 billion dollars). According to Matej Miculic,³⁴⁵ in the USA around 45.5 billion US dollars was spent on cancer medication in 2016, with top drug being Celgene's Revlimid, (\$ 4.4 billion). This immune-modulator is used to treat multiple myeloma (approx 35,000 new cases each year in the USA). It is quite a good example because even with established malignant myeloma, patients who are D-deficient have a significantly worse prognosis

³⁴³<https://news.harvard.edu/gazette/story/2020/11/what-might-covid-cost-the-u-s-experts-eye-16-trillion/>

³⁴⁴<https://www.dcatvci.org/features/2019-the-pharmaceutical-industry-year-in-review/>

³⁴⁵<https://www.statista.com/aboutus/our-research-commitment/285/matej-mikulic>

than those that aren't (life expectancy 3.1 versus 3.91 years)³⁴⁶. And we know that the Vitamin D- supported immune system plays a central role in eliminating cells that have developed pre-malignant characteristics. You can bet your bottom dollar that Revlimid, which is patented, is acting by replacing a specific component of the body's system that is defective because of D-deficiency.

What about the big picture?

Is it possible that the whole of Big Pharma depends to such a degree on ill health resulting from Vitamin D-deficiency, that this naturally evolved sterol has to be defined as a PENO (Private Enemy Number One)? This is not as ridiculous as it seems, nor does it necessarily mean that Melinda Gates, for example, is aware of this. Let us consider for a moment some of the facts.

First, most of our cells and tissues possess the 1-alpha hydroxylase enzyme (otherwise confusingly called CYP27B1), that converts 25(OH)D (calcifediol) to the active, 1,25(OH)₂D form (calcitriol). They also make the Vitamin D receptor (VDR) which combines with the vitamin A, (RXR), receptor to switch on a host of genes and their specific enzymes. In general if a cell expresses such machinery, it does so for a purpose. It is reasonable to presume that that purpose is self-defence, against external as well as internal attack. (By internal attack I mean wayward pre-malignant cells that need to be extinguished in the interests of the whole being. If not extinguished, then further mutations may be self-selected, and malignant tumours result). We have mentioned Multiple myeloma, but as we have already discussed in Chapter 5 there is a massive body of literature to point to a major role of D-deficiency in selected individuals, in predispos-

³⁴⁶<https://mayoclinic.pure.elsevier.com/en/publications/vitamin-d-deficiency-in-multiple-myeloma>

ing to cancers of the bowel³⁴⁷, lungs³⁴⁸, prostate³⁴⁹, breast³⁵⁰, ovaries³⁵¹, thyroid, and lymphatic and haematopoietic systems³⁵². Indeed we may reasonably assume that every type of tumour has arisen against a background of D-deficiency combined with individual susceptibility³⁵³.

That is just considering malignancy, but what about infections and inflammation? Again, the evidence is overwhelming that an adequate reserve of 25OHD protects against all kinds of infections; and the corollary is that a low level favours the micro-organism and induced inflammation. Obviously the mechanisms of protection against³⁵⁴ bacteria and viruses are different, but they all depend on adequate blood levels of Vitamin D (in the form of 25OHD, calcifediol). Furthermore, Vitamin D protects against auto-immunity³⁵⁵. Thus, a large cohort study of young children in Scandinavia showed that D-replacement led to a three-fold reduction in the incidence of Type 1 diabetes in infants with a positive family history. And as already considered in Chapter 5, Vitamin D deficiency is also implicated in many chronic neurological conditions, including multiple sclerosis, parkinsonism, depression, motor neurone disease, chronic fatigue syndromes, retinal degeneration, and now of course ‘Long Covid’³⁵⁶. And we haven’t even mentioned obesity³⁵⁷, hypertension, chronic renal disease³⁵⁸, Type 2 diabetes and asthma.

³⁴⁷<https://www.medicalnewstoday.com/articles/322143>

³⁴⁸<https://www.eurekaselect.com/article/34064>

³⁴⁹<https://pubmed.ncbi.nlm.nih.gov/23652553/>

³⁵⁰<https://www.webmd.com/breast-cancer/understanding-breast-cancer-basics>

³⁵¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6114234/>

³⁵²<https://www.verywellhealth.com/vitamin-d-may-help-some-cancer-therapies-work-2252049>

³⁵³<https://pubmed.ncbi.nlm.nih.gov/30683325/>

³⁵⁴<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6047889/>

³⁵⁵<https://pubmed.ncbi.nlm.nih.gov/31323357/>

³⁵⁶<https://pubmed.ncbi.nlm.nih.gov/35458189/>

³⁵⁷<https://onlinelibrary.wiley.com/doi/10.1111/obr.12239>

³⁵⁸<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2878736/>

Chapter Conclusion

We have already presented the evidence, well analysed by Giuseppe Tritto³⁵⁹, that SARS-CoV-2, the virus responsible for the disease Covid-19, is a man-made chimera. Its development was funded by the USA, via Dr Anthony Fauci of the NIAID, the BMGF and Peter Daszak of the Eco-Health Alliance, and made in Wuhan deliberately as part of ‘Gain of Function’ research. The most dangerous thing that Professor Shi Zheng-Li has done is to insert twelve-base PRRA segment between P1 and P2 of the spike protein, which means the virion can be cleaved by the ubiquitous normal human protease called Furin³⁶⁰. This sequence, which has been patented by Stéphane Bancel of Moderna³⁶¹, has thereby massively increased its pathogenicity. Indeed especially since the sequence is included in the Moderna and Pfizer RNA pseudo-vaccines, there is every likelihood that the only thing that offers protection is to initiate a policy of Vitamin D-repletion for the whole world. In the process of bringing the pandemic to a halt, this should also dramatically reduce the need for a whole host of synthetic and patentable agents that maintain Big Pharma, as it supports the illusion of philanthropy in the name of a policy that believes Big Brother Money can beat Small Mother Nature. Only time will tell what catastrophes lie hidden for those who have had untested vaccines while still actively infected by Covid-19, and/or who remain on inadequate doses of Vitamin D. As well as what more is needed to arrest the individual’s and the species’ risks of succumbing to the sixth extinction³⁶².

³⁵⁹<https://www.goodreads.com/book/show/55598018-cina-covid-19>

³⁶⁰<https://pubmed.ncbi.nlm.nih.gov/32869021/>

³⁶¹<https://www.modernatx.com/patents>

³⁶²<https://www.weforum.org/great-reset>

CHAPTER 17

HAS THE WEF INSPIRED MEGACRIMES AGAINST HUMANITY?

Economists and the evolution of monetary systems

This is not the place to go into the history of economic systems³⁶³, but a central problem has been that they are generally predicated on continuous economic growth, and the generation of profits for the ‘haves’ at the expense of the ‘have nots’.

Klaus Schwab and his Brave New World Leaders playroom

Aldous Huxley wrote his difficult, dystopian and often outrageously funny novel ‘Brave New World’ in 1931³⁶⁴, and set it in London in the year 632 AF (years After Ford). Natural birth had long been abolished in the New World Order where everyone was sleep-conditioned to be happy. Babies, many of whom were cloned using the so-called Bokanovsky technique are produced in an 11-story post-fertilisation pre-birth production line, inspired

³⁶³https://en.wikipedia.org/wiki/Adam_Smith

³⁶⁴https://en.wikipedia.org/wiki/Brave_New_World

by that of Henry Ford's Model T motor car. The human line is controlled by the Director of Hatcheries and Conditioning (DHC), and continues upwards after bottle-birth hatching, with audible targeted catch-phrase conditioning, and childhood sexual play-games, so that everyone ends up happily promiscuous. Permanent relations and families are frowned upon as threats to Society. Under the new religion and *lingua franca* 'God' is 'Ford', and the sign if the cross replaced by the sign of the T. The babies on the production line are selected and cultured for particular characteristics, and the basest jobs are done by happy but chemically stunted and pre-conditioned Epsilon-minus morons. Huxley cleverly illustrates how this contrasts with the world in which our species evolved, with the visit to a reservation in Mexico of Christian Savages. John 'The Savage' is transported back with his mother to dystopian London, enamoured by the incompatible Leonina Crowne, an experiment that predictably ends in disaster.

Inevitably this dystopian Modern Classic puts us in mind of Klaus Schwab's selection and modeling of potential world leaders. Britain's Tony Blair, Germany's Angela Merkel, France's Emanuel Macron, New Zealand's Jacinda Aherne, and Canada's congenital Prime Minister Justin (Case) Trudeau, are all graduates of Schwab's World Economic Forum Production line of Alpha Minus duly elected Politician Super Morons³⁶⁵! And of course Bill Gates is here too. They all show features to a greater or lesser extent of psychopathy, which may mean that Elective Democracy has been reduced to a choice between two carefully selected self-opinionated Neo-fascists. Is this really to be the political reality we are to accept in the proposed Brave New Great Reset World of biologically ignorant Gatesian fake meat and trans-humanism? Or do our world and our children deserve better than being brain-washed into a world where they will *own*

³⁶⁵<https://www.tarableu.com/klaus-schwabs-wef-alumni-a-list/>

nothing but will be happy' and the Big Boys, who already have too much, will own everything?

Money and censorship

At the start of the Covid-19 disaster we showed a draft of our book on The role of Vitamin D deficiency and Covid-19 to a sympathetic medical friend, who declared it interesting, but indicated that he felt conspiracy theories about large Pharma/Government were flimsy and would downgrade our arguments. We went some way to take his advice, but now two and a half years later it is hard to escape the conclusion that we had greatly underestimated the danger and understated the case. We can look back at the strangely prophetic prediction at the Gates-funded World Economic Forum 'Event 201' scenario in October 2019 of a coronavirus pandemic³⁶⁶, which was followed within days by the real thing. And on October 23 2022 the same Bill Gates put on another table-top exercise in which he predicts for 2025 there will be another pandemic which will have a 15% mortality for children. We have seen the intense global efforts back in February 2020 and emanating from Anthony Fauci, designed to quash all suggestions that the virus was not natural, clearly using power over research scientists notably Kristian Andersen of Scripps Institute (*see Chapter 3*). We have seen clear orchestrated efforts to resist any use of repurposed drugs including ivermectin and hydroxychloroquine (*see Chapter 10*) and obvious efforts to exaggerate the risk of the disease itself, by blocking early treatment. Now we see clearly that there was central planning under the Frenchman Stéphane Bancel of Bio-Merieux, then to become CEO of Moderna, extending back to 2013 to patent and exploit a unique part of a synthetic virus. This is the unprecedented furin cleavage site placed between the two components, S1 and

³⁶⁶<https://www.centerforhealthsecurity.org/our-work/exercises/event201/about>

S2 of the spike protein. Moderna, Pfizer and the others then had the audacity to roll out at ‘*Warp speed*’ a new and untested genetic pseudo-vaccine, with evidence emerging from the Pfizer files of gross distortion of the normal testing process³⁶⁷. As we said in our earlier book it was clear that the only thing that was to count was a vaccine. And when in late 2020 these near-identikit pseudo-vaccines emerged it was soon apparent that the truth was being hidden, indeed actively suppressed by all mainstream media, a process greatly facilitated by at least \$319 million paid by Bill Gates to the world’s media³⁶⁸.

Setting limits to the power of money

It is increasingly clear that an infinite amount of money brings with it an infinite power to corrupt. Most of us need an income to cover ordinary expenses of living, and there are few in the privileged position of being able to turn down a little ‘hush money’, apparently for nothing. Unfortunately, the combination of massive wealth in the case of Bill Gates, goes with the self-centred ruthlessness that helped generate the money in the first place, a profound ignorance of biology and a need to be seen as saviour of the world. He has been able to do this under the cover or guise of philanthropy. And furthermore with an absolute belief in the overwhelming power of technology and the conviction that he is always right. It is very clear that something needs to change that sets reasonable limits to the power of money over reason, truth and Mother Nature.

³⁶⁷ <https://ca.childrenshealthdefense.org/corruption/exclusive-cdc-finds-hundreds-of-safety-signals-for-pfizer-and-moderna-covid-19-vaccines/>

³⁶⁸ <https://childrenshealthdefense.org/defender/bill-melinda-gates-foundation-media-objectively/>

Evidence Covid-19 was a global megacrime against humanity

A central contention, evidence for which is the subject of our submission to the ICC, is that the ribonucleic acid (RNA) virus SARS-CoV-2, was a deliberately laboratory-constructed recombinant composite coronavirus *Chimera*, with features selected to make a specific human bio-weapon. Without this construct, there would have been no viral escape or release, no pandemic, and no emergency 'vaccines' (in fact mRNA-based drugs) or other costly and socially destructive criminal counter-measures. We maintain in our submission that nine people of different nationalities, individually and collectively over many years, showed grave criminal irresponsibility in the process of constructing this virus and failure of attendant risk-benefit management. A key factor was the deliberate flouting by senior US Government officials of the moratorium imposed by President Obama on October 17th 2014 on Gain of Function research in the USA, by diversion of specific funds to researchers in Wuhan, China. There



Figure 17(1) *Two versions of Huxley's Brave New World: Aldous' (left) and Klaus Schwab's (right)*

is also much that points to unethical and extensive business-orientated pre-planning and exploitation by financial leaders acting at all levels to control the business cycle, causing a steady flow of deaths and disabilities of tens of millions of innocent and vulnerable people from deliberate genotoxic effects, and all the while increasing Pharmaceutical company profits. But the first and key Crime Against Humanity was the creation of a novel weaponised virus, of which we should now remind ourselves.



Figure 17(2) *On October 17 2014, President Barack Obama imposed a moratorium on 'Gain of Function' Research in the USA, which was flouted by Anthony Fauci and others, and taken to Wuhan, China*

Key synthetic features of the SARS-CoV-2 coronavirus chimera

SARS-CoV-2 has at least six features that specifically make it dangerous to susceptible human beings. Taken together these point to its laboratory origin, as a coronavirus specifically made dangerous for the human species. To recapitulate, the unique features of SARS-CoV-2 are as follows.

1. The RNA backbone was taken from a coronavirus designated as *RaTG13*, recovered from a Chinese horseshoe bat in 2013, by the Wuhan virology team. Much secrecy was placed by the Chinese, and others we implicate, around the origin of this virus.

2. This same backbone has four inserts that have been copied from the human immunodeficiency virus, HIV, designed to induce immunodeficiency in the human host.

3. The spike protein of SARS-CoV-2, on the other hand has been taken from a different coronavirus (designated *MP789*), taken from a sick Malaysian pangolin, one of a group imported illegally from Malaysia into China, and then transferred for study to the Wuhan P4 virology Lab. The spike protein of *MP789* has a particularly high affinity for the human ACE-2 receptor. However, on its own it was found not to infect human cells.

4. Between the two segments of the spike protein, S1 and S2, a unique 19-base nucleotide sequence has been inserted that includes 12-bases coding for the four amino-acids designated PRRA. The PRRA sequence is necessary for cleavage by the ubiquitous human enzyme Furin, and allows the virus to enter human cells. Not only is such an insert not found in naturally-occurring coronaviruses, but the two CGG codons chosen for R (arginine), are preferred human and not virus codons. The Furin cleavage insert makes the virus especially dangerous for anyone with defective natural immunity and Vitamin D deficiency.

5. Snake neurotoxins and RABV neurotoxin-like region, are embedded into the exposed loop of the furin site.

6. There is a Prion-like domain in S1 region of Spike protein.

Further publications, also reveal that by 2017 there had been no less than eight different chimeric coronaviruses made in Wuhan, all of which had been tested under license using the patented Humanised Mouse Model of North Carolina's Ralph Baric. At some point Shi Zheng-Li had inserted the 12-base Furin sequence into the spike of SARS-CoV-2, using the 21-base sequence taken from a viricidal bacterium found in the

North China Sea³⁶⁹, in order to maintain the illusion of a natural recombinant.

The Role of Mr Stéphane Bancel, CEO of Moderna

The construction of the P4 lab in Wuhan was financed and supervised by the French Company *BioMérieux*, whose founder, Alain Mérieux is a close friend of Premier Xi Jin Ping³⁷⁰. The French-designed lab was opened in 2015. The now 50-year old Billionaire Frenchman Stéphane Bancel joined *BioMérieux* as its CEO in 2007, leaving it in 2011 to become CEO of the new American biomedical Start-up Company Moderna, ostensibly formed to develop RNA pseudo-vaccines for cancer treatment. Bancel has, however, maintained close links on the Board of BioMérieux, which by 2016 had decided to pull out of Wuhan and coronavirus research. As part of a deal, which made space for Moderna, in 2016 Bancel took over a number of BioMérieux patents, notably one on the 19-base insert into the spike protein that includes the 12-base PRRA furin cleavage site. This same insert is included in both Moderna and Pfizer spike protein RNA ‘vaccines’: This may point to collusion between construction and release of SARS-CoV-2 and launching of the novel experimental vaccines; amazingly at the time of writing Moderna is actually suing Pfizer for breach of copyright! Furthermore, as soon as the Pandemic was declared in March 2020, Moderna was ready at the start line and had its ‘vaccine’ ready to start trials within 6 weeks, closely followed by that of Pfizer. Moderna, in contrast to the Chinese, synthesised the tampered spike protein RNA insert *de novo*.

³⁶⁹<https://pubmed.ncbi.nlm.nih.gov/32867860/>

³⁷⁰<https://www.fondation-merieux.org/en/news/alain-merieux-in-china/>



Figure 17(3) Left Tedros Ghebreyesus, Head of the WHO has special responsibility for the Wuhan Lab. Right, Jeremy Farrar, as Head of the Wellcome Trust, was actively involved in the cover-up. He is now WHO Chief Scientist

Neglect by the WHO Head, Tedros Adhenom Ghebreyesus

Supervision and monitoring of the Wuhan P4 lab was the specific responsibility of the WHO, which failed to carry out an on-site and in-depth investigation when it became clear that an emergency was brewing in October 2019. Furthermore, Dr Ghebreyesus participated actively in the cover-up when in May 2020 he accepted Dr Peter Daszak as a person supposedly without conflicts of interest, as the sole Western scientist to take part in the on-site WHO inspection team.

Massive high-level cover-up after onset of the pandemic

In our submission, we cite Professor Dr Sir Jeremy Farrar, head of The Gates-funded Wellcome Trust, as an important person fully aware that SARS-CoV-2 was a man-made Chimeric coronavirus construct, who took an active part in the scientific cover-up.

We describe how, from redacted emails of Dr Anthony Fauci, great pressure was put on Dr Kristian Andersen and colleagues to change the conclusions in an article in the journal *Nature New Biology*. A similar concerted campaign was mounted over a letter published in *The Lancet* orchestrated by Dr Peter Daszak.

Progressive corruption of the pharmaceutical industry

We have already examined this subject in some detail, but during the course of Covid-19 it has clearly reached new levels. It is obvious now that a major factor has been capture of supposed regulatory authorities in the USA, including the Food and Drug Administration (FDA) and the Center for Disease Control (CDC) by pharmaceutical firms they are supposed to control, and there is little doubt that at the root of this degeneration lie massive conflicts of interest at all levels. One of the major causes is that more than half the funds for the NIH and FDA now come from Big Pharma³⁷¹. *'The current crisis in drug prices and access – as well as a quieter but no less serious crisis in drug innovation – is the result of decades of regulatory dereliction and corporate capture'*, wrote Alexander Zaitchik in 2018³⁷². *'This is not a "business" functioning in some imaginary free market. It's a system built by and for Wall Street, resting on a foundation of \$33 billion in annual taxpayer-funded research'*, he wrote. Imagine how much more that now is!

³⁷¹<https://www.usatoday.com/story/news/factcheck/2021/08/27/fact-check-some-fdas-budget-does-come-industry-funding/5572076001/>

³⁷²<https://newrepublic.com/article/149438/big-pharma-captured-one-percent>

Transhumanism and the planned destruction of Human Biology

We recently hear much Klaus Schwab-talk of transhumanism, as if being a normal human being is no longer sufficient to justify ones humanity. You will need implants of intelligent microchips under your skin to retain permission to continue to exist! We have been told by the same Klaus Schwab that by 2030 we will all be compliant, have no possessions, but we will of course all be happy. I recently heard from a young friend who has been working for some yacht-riven British millionaires, that they right from the start of the pandemic started to take Vitamin D3!! Who told them about that, I wonder? and do all the moneyed people know?

Population control; the hidden agenda?

So that brings us full circle to the question of hidden agendas, eugenics, and population control. In the case of Bill Gates, there is no secret that he wishes to reduce the world's population by at least 15%. Just as happened during the Jewish holocaust, psychopathic aggression is characteristically targeted, so what might be the specific group being targeted in this case? Well, it seems at least to include the black population, especially in the Northern hemisphere, and especially in the USA. Such an hypothesis is supported by the steadfast refusal in the mainstream media to confront the obvious suggestion that it is not simply generalised deprivation, but specific weakness of the immune system induced by the Vitamin D deficiency that goes with living in the far north.

CHAPTER 18

RETROSPECTIVE ON STUDIES OF VITAMIN D AND COVID-19

by Dr David Grimes

When the pandemic of Covid-19 arrived in Europe in early 2020, we knew that it would be essential to optimise natural defensive immunity, and we knew of the important way to achieve this. By 'we' I mean those people fortunate enough to have had a background in and a knowledge of medical science. An additional clinical background provided what turned out to be a naive assumption that public health and medical services would want to provide the very best of preventative medicine and treatment of the sick. How wrong we were to believe this.

Pre-pandemic knowledge and evolution of Vitamin D3

During the previous hundred years Vitamin D had been identified, initially through its evolutionarily late function of bone maturation. Deficiency of Vitamin D was demonstrated to be the cause of rickets in young children, the result of serious atmospheric pollution together with an increasingly indoor life. Observation led to the recognition that rickets could be cured by removal of the children from the polluted industrial cities to

the alpine villages of Austria, or to the coastal fishing villages of Scotland. The former provided Vitamin D by the action of the sun on the skin, the latter by the consumption of oily fish, which obtained the Vitamin D they need from consuming plankton.

It is worth remembering that plankton evolved 1.5 billion years ago, but living at the surface of the oceans they were vulnerable to damage and death from solar UV radiation. They evolved two defensive mechanisms. One was diurnal vertical migration, in which they would sink to a protective depth during the day and rise to the surface during the night, this becoming a genetically controlled process. The second protection became the synthesis of the oily molecule 7-dehydrocholesterol (7-DHC). The important characteristic of 7-DHC is that it absorbs UV energy wavelength 290–315 nm, using the energy to break a specific bond in the B ring of the molecule rather than it producing heat damage to the plankton itself. This sunscreen function is very effective. The by-product of the chemical change is a derivative molecule called cholecalciferol, that we know as Vitamin D.

Plankton had no apparent use for Vitamin D, and it remained a molecule without apparent function for one billion years. During this important era, evolution was active in producing more complex creatures. Ultimately Vitamin D assumed a function, in conjunction with Vitamin A in activating the new immunity cascade, and this was vital to protect against damage from bacteria and viruses to the more complex forms of animal life that were to appear during the Cambrian explosion, the 'biological big bang', 500 million years ago. The critical part of this was defensive immunity. Fortunately for a fictitious episode of humankind, the invaders in HG Wells' *War of the Worlds* did not have the benefit of this immune mechanism and they soon succumbed to the micro-organisms with which we share this planet.

We have already outlined how Vitamin D acquired directly from solar UV acting on our skin, passes in the blood-stream to the liver where a slow enzymatic process takes place adding a second (25) hydroxyl group to the molecule which circulates as a

reservoir ready for action wherever needed. At times of microbiological challenge, the immunocytes, take it up and add another hydroxyl (OH) group to form $1,25(\text{OH})_2\text{D}$, (calcitriol). This is the active form, which unlocks the very complex Vitamin D receptor (VDR), and acts together with the activated Vitamin A (retinol) receptor, RXR, to enter the nucleus to activate genes that control the escalation of defensive immunity. We have seen that an adequate blood level of $25(\text{OH})\text{D}$ is essential for this to be maximal and sustained. The slow process of the conversion of Vitamin D into $25(\text{OH})\text{D}$ (calcifediol) in the liver is fine under normal circumstances. It takes up to two weeks for a single skin (or oral) dose of Vitamin D to reach a peak of $25(\text{OH})\text{D}$ in the blood, but in nature it is a continuous process, at least during the summer months. However, if calcifediol is given by mouth, it by-passes the liver stage and it reaches a high (normal) blood level after about two hours. This was known in advance of the pandemic and we will see below its importance in clinical studies.

It had also been established that certain groups within our population, living closer to the North Pole than to the Equator, are at particular risk of Vitamin D deficiency, and thus of sub-optimal immunity. These are citizens whose ethnic origin is in Africa and the Caribbean, or in South Asia, people with a dark skin that is inefficient at producing Vitamin D; the elderly, whose dry skin does not synthesise sufficient 7-DHC to allow production of adequate amounts of Vitamin D; those who avoid exposure of the skin to the sun, usually for religious reasons; and the obese in whom the oily Vitamin D becomes trapped in the fat cells of the body. These facts were known, and it was predictable that these groups would be particularly prone to the serious and perhaps fatal effects of the new virus SARS-CoV-2 to which we had no historical or inherited immunity. There was a way of helping people with dark skin, the elderly, and the obese, and those who avoided the sun. It would have been possible to contact them, a process that was shown to be feasible in a study by Professor Adrian Martineau (see study 35 below). But it would

have been much quicker to assume Vitamin D deficiency and to correct it with a supplement in a dose that would be effective in the deficient but of no danger to those not deficient.

In practice this did not happen, for reasons that are obscure. When people developed Covid-19 symptoms and tested positive, they were told to go home and send for an ambulance only if they had difficulty breathing. How different the outcome might have been if the positive test had been followed by even just a single dose of Vitamin D 100,000 units, enough to last for more than a month. Blood tests for Vitamin D levels could also have been performed. The neglect of people with early proven disease can be viewed as criminal negligence by those responsible for public health in Britain and much of the supposedly 'developed' world. But clinical research into Vitamin D and Covid-19 was undertaken in many places elsewhere, (though as we shall see, not always honestly) as outlined below.

Clinical Research on Vitamin D and Covid-19, 2020 to 2022

Clinical research, like all scientific research, starts with an observation. The next stage is that the observation must be reproduced, and by others. The observation is usually of two variables, that appear to be associated. This association must be consistent. The following summarises the direct evidence that has built up, of the benefit of Vitamin D.

We need to include small *mea culpas* to Robin Whittle³⁷³, who, after our earlier book had been published including the three first examples of published studies of Vitamin D levels in relation to mortality from Covid-19, presented convincing evidence that all three studies had been fabricated!³⁷⁴. These were ostensibly from The Philippines, Indonesia and India. For those

³⁷³<https://www.firstpr.com.au/>

³⁷⁴<https://researchveracity.info/alra/>

who want to see the evidence, please refer to Rob Whittles' 'researchveracity' website, from which the following is taken *verbatim*. 'The other reason I mention them is to demonstrate that good, professional, people can easily be swept into the process of believing, making healthcare decisions based upon, citing and so promoting and further propagating bogus research. It has probably not occurred to them that anyone would fake such research articles. It didn't occur to me until late June, and that was only prompted by the suspicious supposed death of a putative author. I had been citing these articles with enthusiasm and even gratitude (to Dr Alipio in the Philippines for doing much-needed Vitamin D research in the midst of the COVID-19 pandemic), simply because it had not occurred to me anyone would fake research articles like this and because the article presented data which confirmed my belief that low Vitamin D was driving COVID-19 severity and because there was a lack of such research.'

To try and undertake similar studies was so obviously being actively avoided by academic institutions in so-called 'first world' countries, that it was natural for us and many others to take them at face value, as we indeed did. So, paradoxically, these three articles had fabricated fictitious data, which gave results we expected, and is in essence actually true. Whittle shows that the authors names had also been fabricated! So, with that in mind, heads bowed, we now look at representative studies published since then that seem to be genuine, and lack the gaping holes that convinced Robin Whittle that he and others including ourselves had been duped, taken for a ride, and otherwise 'gullibalised'. Regarding our first book, the rest of what we wrote, stands as a true reflection of what we believed, and still believe, to be the case over the unique vulnerability to SARS-CoV-2 of the Vitamin D-deficient.

1) Singapore

This study showed that 62% of patients on standard treatment required supplementary oxygen, but only 17% of patients given

a combination of Vitamin D, magnesium, and vitamin B12. No conclusion could be drawn from the observation, but just a suspicion that this treatment might be helpful. More detail on my blogsite³⁷⁵.

2) UK – deaths of physicians from Covid-19

Between March 25th and May 3rd 2020, the deaths of 26 physicians practising in the UK were reported in the press. Of these 25 were of Black African or South Asian ethnicity. This was at a time of the first wave of Covid-19 and it had been noted that the death rates for these ethnic groups in the general population were disproportionately very high. Four reports into this concluded, without evidence, that the reason was socio-economic disadvantage. The experience of the dead doctors was ignored, as it was an inconvenient paradox. However, doctors in the UK cannot be considered to be socio-economically disadvantaged. Knowing of the high prevalence of serious Vitamin D deficiency and its role in defective immunity, it is quite clear that this is the likely but unconsidered reason (in public pronouncement) for the high mortality in these ethnic groups. We must note that overall Covid-19 death rate in the UK is 2880, but in, for example, India it is 377 and in Nigeria 15. It is clear that a person with a dark skin has a much greater risk of dying of Covid if living in the affluent UK than in the poorer countries of their ethnic origin. More detail on blogsite^{376 377}.

3. Germany – Saarland

The observation concerned deaths from respiratory disease in people between the ages of 50 and 75. In those with blood levels of Vitamin D less than 12ng/ml (30nmol/L) the death rate was

³⁷⁵<http://www.drdauidgrimes.com/2020/05/covid-19-vitamin-d-ethnicity-and.html>

³⁷⁶<http://www.drdauidgrimes.com/2020/04/vitamin-d-and-doctors-in-uk-dying-from.html>

³⁷⁷<http://www.drdauidgrimes.com/2020/11/covid-19-vitamin-d-deaths-of-doctors.html>

21%; with Vitamin D 12–20ng/ml (30–50nmol/L) the death rate was 13.7%; with Vitamin D greater than 20ng/ml (50nmol/L) the death rate was 9.4%.

It appears that a good blood level of Vitamin D gives a significant advantage. However, as already discussed, it is known that a molecule of 1,25(OH)₂D can be used only once, and then it is inactivated into 1,24,25(OH)₃D. This means that a serious illness that activates defensive immunity will inevitably reduce blood levels of 25(OH)D, unless a good supplement is being given and blood levels maintained. Nevertheless, it looks as though a relatively high blood level of Vitamin D is very important.

More detail in refs^{378 379}.

4. UK – Newcastle

In a study linking Vitamin D status with the severity of Covid-19 as judged by need for ICU (intensive care unit) admission, the patients treated throughout in the medical wards had on average blood Vitamin D levels higher than patients who required transfer to the ICU³⁸⁰.

5. Spain – Reina Sofia University Hospital, Córdoba

This was a double-blind randomised trial (RCT) of 76 patients admitted to hospital on account of Covid-19. The objective was to use natural immunity not to prevent significant infection but to enhance defensive immunity as a treatment of established serious infection. The clinical researchers in this hospital realised that the treatment necessary was required urgently if the incidence of critical illness and death was to be minimised. It would take about a week after giving Vitamin D by mouth or injection for it to have an effect in optimising defensive immunity. This time could be shortened to two hours by giving 25(OH)

³⁷⁸<http://www.drdaavidgrimes.com/2020/06/covid-19-vitamin-d-more-information.html>

³⁷⁹ paper; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7468980/>

³⁸⁰ paper; <https://www.medrxiv.org/content/10.1101/2020.06.21.20136903v1>

D, calcifediol. Results; 27 control patients received just standard high quality care. Of these 13 (50%) required intensive care and 2 (8%) died. 50 patients were treated with Vitamin D as calcifediol, in addition to high quality standard care. Only 1 (2%) required intensive care, and there were no deaths. Publication of the study was in October 2020, pre-prints being available earlier. By this time there had been 40,000 Covid-19 deaths in the UK, but nevertheless, this dramatic benefit was received with hostility in the UK: the National Institute for Health and Care Excellence (NICE) told doctors not to be influenced by it. *They were not to use calcifediol, and no effort was made to make it available for human use.* More detail in my blogsite³⁸¹: paper³⁸².

6. Italy – Bari

As mentioned above, looking at blood levels of Vitamin D in people who are seriously ill with Covid-19 introduces the factor that Vitamin D is consumed during a very active defensive immune process. The blood level is likely to fall, but the extent is not known. It would be an advantage to undertake a study in which the blood level of Vitamin D would be known in advance, and then relate it to outcome from Covid-19.

In Bari a study was made of 42 patients with acute respiratory failure admitted to the ICU. Only 8 (15%) of the patients were recorded as having blood Vitamin D levels greater than 30ng/ml (75nmol/L). Of the 10 (24%) with blood Vitamin D levels of 10ng/ml (25nmol/L) or less, there was a 50% mortality. Of the 34 with a blood Vitamin D level greater than 10ng/ml (25nmol/L) the risk of death was 5%. A very low blood level of Vitamin D was clearly a major risk indicator for death, preventable by public health initiative³⁸³.

³⁸¹<http://www.dravidgrimes.com/2020/09/covid-19-and-vitamin-d-randomised.html>
<https://www.medrxiv.org/content/10.1101/2020.06.21.20136903v1>

³⁸² paper <https://www.sciencedirect.com/science/article/pii/S0960076020302764>

³⁸³ paper https://www.societaitalianadiendocrinologia.it/public/pdf/hypovitaminosis_d_covid19.pdf

7. USA – Chicago

This is another predicative study from 2020. This was of 489 subjects who had blood levels of Vitamin D recorded in the year before Covid-19 testing. Vitamin D deficiency was regarded as less than 20ng/ml (50nmol/L). 172 subjects fell into this group and they had 19% rate of subsequently testing positive for Covid-19. The remaining 317 subjects with higher blood levels of Vitamin D subsequently had a lower rate of being Covid-19 positive, 12%. There was thus a 1.77 relative risk of Covid-19 in those with the lowest blood levels of Vitamin D³⁸⁴, compared to the highest.

8. Israel

This was an analysis of more than one million blood levels of Vitamin D measured between 2010 and 2019, and then related to Covid-19 infections up to August 31st 2020.

In those with blood Vitamin D less than 30ng/ml (75nmol/L) the incidence of Covid was 28.6%. In those with higher blood levels of Vitamin D the incidence was 14.2%. A higher blood level of Vitamin D was once again shown to be of considerable benefit in the prevention of Covid-19, with a 50% incidence reduction³⁸⁵

9. Iran

This paper reports a comparison between 123 Covid-19 patients and 63 Covid-negative controls, published in November 2020. The mean blood level of Vitamin D in the control group was 30ng/ml (70nmol/L). In the Covid-19 group the mean Vitamin D was 19ng/ml (48nmol/L). In those with fatal Covid-19 the mean blood Vitamin D was 8ng/ml (20nmol/L)³⁸⁶

³⁸⁴<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770157>

³⁸⁵<https://www.medrxiv.org/content/10.1101/2020.09.04.20188268v1.full.pdf>

³⁸⁶paper: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7455115/>

We can see a huge opportunity for public health bodies to identify and correct Vitamin D deficiency, especially at the time of a pandemic.

10. Germany – Heidelberg

This is a predictive non-interventional study of 185 patients presenting to the hospital on account of Covid-19. 93 were admitted to the hospital, and 92 were treated as outpatients.

On presentation blood was taken for Vitamin D measurement, but the analysis was undertaken only at the end of the clinical study. It was then possible to use the blood level of Vitamin D early in the course of the illness as predictive of the clinical outcome.

Overall for all patients, the average mean blood level of Vitamin D was 16.6ng/ml (41.5nmol/L). The ideal is above 40ng/ml (100nmol/L) and so we can see once again the extent of Vitamin D deficiency in Europe.

The hazard ratio is an expression of an individual or subgroup within the study population. In this study the hazard ratio for death in the patients with predictive blood Vitamin D level less than 20ng/ml (50nmol/L), was 11.27, and in those less than 12ng/ml (30nmol/L) the hazard ratio was even greater at 14.73.

It is clear that when developing Covid-19 a very low level of Vitamin D in the blood is a great disadvantage carrying with it a high risk of death. More detail in my blogsite³⁸⁷: paper³⁸⁸.

11. USA – Boston

This is a retrospective observational study on the relationship between Vitamin D status and seropositivity for Covid-19. It involved the health records of 191,779 US citizens who were found to be positive for Covid-19, and of these all who had records of

³⁸⁷<http://www.drdauidgrimes.com/2020/11/covid-19-vitamin-d-santander-heidelberg.html>

³⁸⁸paper <https://www.mdpi.com/2072-6643/12/9/2757>

blood levels of Vitamin D during the previous 12 months. It was therefore possible to relate pre-existing blood Vitamin D levels with subsequent Covid-19 infection. The results are:

Vitamin D 20ng/ml, (50nmol/l) – 11.5% risk of Covid-19

Vitamin D 30ng/ml, (75nmol/l) – 8.8% risk of Covid-19

Vitamin D 40ng/ml, (100nmol/l) – 7.9% risk of Covid-19

Vitamin D 50ng/ml, (125nmol/l) – 6.9% risk of Covid-19

Vitamin D 60ng/ml, (150nmol/l) – 5.4% risk of Covid-19

It is clear that a high blood level of Vitamin D is associated with a low risk of Covid-19.

A wonderful opportunity for a public health initiative that was ignored! More detail in:³⁸⁹ paper:³⁹⁰

12. Iran – Tehran

Up to May 1st 2020, 611 patients had been admitted to Sina Hospital, Tehran, and of these 235 were retrospectively identified as having blood Vitamin D measurement on admission. Analysis was undertaken retrospectively. 158 (67%) had a blood level of Vitamin D less than 30ng/ml (75nmol/L). Of the 235 with D levels, 206 were aged 40 or more; 33 of these died (16.3%). No younger patients died. 90.3% of deaths were in those with blood Vitamin D less than 30ng/ml (75nmol). Deaths were thus 80% lower in patients with a higher blood level of Vitamin D. More detail in:³⁹¹, paper³⁹²:

13. UK – Birmingham

An observational study of 392 healthcare workers who tested positive for Covid-19 and in whom blood levels of Vitamin D were tested. A blood Vitamin D level of less than 12ng/ml

³⁸⁹<http://www.dravidgrimes.com/2020/10/covid-19-and-vitamin-d-compelling.html>

³⁹⁰<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0239252>

³⁹¹<http://www.dravidgrimes.com/2020/10/covid-19-and-vitamin-d-compelling.html>

³⁹²<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0239799>

(30nmol/L), was recorded in 61 (15.1%) of the participants. In this group, 41 (72%) developed Covid-19. Blood Vitamin D level was equal to or greater than 12ng/ml (30nmol/L) in the remaining 331. In this group 170 (51%) developed Covid-19. Therefore a low blood level of Vitamin D was associated with a 41% increase in risk of Covid-19, viz 72% as against 51%,

There was also an opportunity to study participants of Black African or South Asian ethnicity. In these, 18 had blood Vitamin D less than 12ng/ml (30nmol/L) of whom 17 (94%) developed Covid-19. 23 had blood Vitamin D equal to or greater than than 12ng/ml (30nmol/L) and of them 12 (52%) developed Covid-19. We can see a higher incidence of severe Vitamin D deficiency in participants of Black African or South Asian ethnicity, and with this a higher incidence of Covid-19. The pattern continues^{393!!}

14. Turkey

This was an observational study of the association between blood levels of Vitamin D and the severity of Covid-19. Of 149 Covid-19 hospital patients, the average mean blood Vitamin D was 15.2ng/ml (38nmol/L). Of these, 102 (68.5%) had severe or critical disease, with very low mean blood Vitamin D, 10.1ng/ml (25nmol/L). 66.7% of this group died.

47 (31.5%) had moderate disease and of these just 21% died. The mean blood Vitamin D level in this group was 26.3ng/ml (66nmol/L)³⁹⁴. Once again we can see a strong association between very low blood levels of Vitamin D and critical or fatal Covid-19. There remains the possibility of the low Vitamin D being a result rather than a cause of the severity of Covid-19. In any case it may be a bit of both, and anyway is it sensible to ignore the pointers to a reversible factor?

³⁹³ paper: <https://www.medrxiv.org/content/10.1101/2020.10.05.20206706v1.full.pdf>

³⁹⁴ paper: <https://link.springer.com/article/10.1007/s12603-020-1479-0>

15. Mexico – Mexico City

This paper is written in Spanish with just the abstract in English.

It was an observational; study of 172 patients admitted to hospital on account of Covid-19. The average mean blood level of Vitamin D was 16.54ng/ml (40nmol/L). *This is perhaps surprisingly low for such a sunny hot country, but this is a common finding now that we are in an era of indoor work and life.* Patients with an extremely low blood Vitamin D, less than 8ng/ml (20nmol/L), had a risk of death 3.68 times that of those with a higher blood level.

*The message is clear*³⁹⁵.

16. Russia – St Petersburg.

An observational ‘snapshot’ study of Covid-19 patients. The paper is in Russian with abstract in English. Patients with moderate illness had a mean blood Vitamin D 16.7ng/ml (41.75nmol/L). With severe illness: mean blood Vitamin D 11.9ng/ml (29.75nmol/L) and with fatal illness: mean blood Vitamin D 10.8ng/ml (27nmol/L)³⁹⁶.

Once again we see serious or fatal illness associated with a low blood levels of Vitamin D.

17. France – Rhone

A predictive study in a home for the elderly. Because all residents were expected to be Vitamin D deficient, they were offered Vitamin D 80,000 units every three months, but not all took it. Covid-19 deaths were as follows: 57 residents took Vitamin D: of these, 10 (17.5%) died. Of 9 residents did not take Vitamin D: 5 (55.6%) died³⁹⁷.

³⁹⁵ paper: <https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=93773>

³⁹⁶ paper: DOI: 10.22625/2072-6732-2020-12-3-21-27

³⁹⁷ paper: <https://www.sciencedirect.com/science/article/pii/S096007602030296X?via%3Dihub>

It would appear to be great survival benefit to take Vitamin D at the time of Covid-19.

18. Spain – Santander

An observational study of 216 hospital patients with Covid-19 and 197 community matched controls. Hospital patients: mean Vitamin D 13.8ng/ml (34.5nmol/L), 82.2% deficient. Community controls: mean Vitamin D 20.9ng/ml (52.25nmol/L), 47.2% deficient.

Therefore Vitamin D deficiency was associated with admission to hospital with Covid-19.

Hospital patients with blood Vitamin D equal to or greater than 20ng/ml (50nmol/L): ICU admission 17.7%, hospital stay mean 8. Hospital patients with blood Vitamin D less than 20ng/ml (50nmol/L): ICU admission 27.2%, hospital stay mean 12.

Therefore a higher blood level of Vitamin D indicates an advantage.

Of 197 patients not taking a Vitamin D supplement: 50 (25.4%) needed ICU, and 20 (10.4%) died. Of 19 patients taking a Vitamin D supplement: 1 (5.3%) needed ICU, while 2 (10.5%) died.

Therefore taking a Vitamin D supplement before illness is associated with an advantage (numbers too small to be conclusive in respect of deaths).

Once again we see benefits from Vitamin D. More detail in:³⁹⁸, paper³⁹⁹

19. UK – Tameside, Preston, Leicester

A predictive study of 986 hospital patients with Covid-19. In 75% of the patients the blood level of Vitamin D was very low, less than 20ng/ml (50nmol/L). If the Vitamin D level was

³⁹⁸<http://www.drdauidgrimes.com/2020/11/covid-19-vitamin-d-santander-heidberg.html>

³⁹⁹paper: https://beta.ctvnews.ca/national/health/2020/10/27/1_5162396.html

<20ng/ml, odds ratio for ventilation was high at 2.12. Patients who had been taking a Vitamin D supplement before admission to hospital had a 50% reduction of risk of death.

This was published in December 2020. More detail in⁴⁰⁰: Paper:⁴⁰¹

20. Italy – Milan

An observational study of 986 Covid-19 patients, 103 being severely ill.

Mild disease: mean Vitamin D 30ng/ml (75nmol/L). *Moderate disease:* mean Vitamin D 22ng/ml (55nmol/L). *ICU necessary:* mean Vitamin D 14ng/ml (35nmol/L). *Fatal illness:* mean Vitamin D 13ng/ml (32nmol/L)

This study was given as a virtual presentation to the American Society for Bone and Mineral Research, September 11th 2020.

21. Italy – Milan

A predictive study. If blood level of Vitamin D less than 12ng/ml (30nmol/L): controls 45.7%, patients 65.7%. Odds ratio 2.72 for illness compared to controls

Patients who died: mean Vitamin D 7.5ng/ml (20nmol/L)
Paper:⁴⁰²

22. Belgium, Liege

An RCT of Vitamin D used in patients admitted to hospital with Covid-19.

22 placebo, 21 randomised to receive Vitamin D 25,000 units x4.

The Vitamin D group had a reduced length of stay in hospital, 4 days compared to 8 days in controls. ICU admission rate

⁴⁰⁰<http://www.drdauidgrimes.com/2020/11/covid-19-vitamin-d-evidence-from.html>

⁴⁰¹ paper <https://pubmed.ncbi.nlm.nih.gov/33322317/>

⁴⁰² paper: <https://academic.oup.com/jn/advance-article/doi/10.1093/jn/nxaa332/5981721>

in Vitamin D group was reduced at 5 patients compared to 2 in controls. ICU length of stay reduced, 4 days versus 14 days in controls. Mortality, 1/21 in the Vitamin D group, 3/20 in controls. *Vitamin D clearly gave an advantage to the patients treated. This paper became available in September 2020. More detail in.*^{403 404} *paper.*⁴⁰⁵

23. USA, Massachusetts Institute of Technology (MIT)

“Mathematical analysis of Córdoba calcifediol trial suggests strong role for Vitamin D in reducing ICU admissions of hospitalized COVID-19 patients”

This is an independent re-analysis of the results of the Córdoba study. (study 5 above)

The commentary on the Córdoba study from UK NICE (September 20th 2020, see above) was provided solely by Professor Neil Gittoes, Consultant, Honorary Professor of Endocrinology and Associate Medical Director, University Hospitals Birmingham NHS Foundation Trust; Chair of NHS England specialised endocrinology Clinical Reference Group. *The basis of his report was a series conjectures rather than research, concluding that the Córdoba study was without merit and should not influence clinical practice.*

The analysis by a group of mathematicians (therefore with no clinical prejudice) was totally different. It was a very detailed analysis of all aspects of the Córdoba study. The conclusion was clear: the study, although not perfect was as good as could be expected given size constraints of a hospital, and given ethical limitations on human studies. The statistical analysis was with-

⁴⁰³<http://www.drdauidgrimes.com/2020/09/covid-19-and-vitamin-d-randomised.html>

⁴⁰⁴<http://www.drdauidgrimes.com/2020/10/>

⁴⁰⁵ [paper https://www.sciencedirect.com/science/article/pii/S0960076020302764](https://www.sciencedirect.com/science/article/pii/S0960076020302764)

out fault. No obvious notice was taken of this important paper from the MIT. More detail in:⁴⁰⁶ paper:⁴⁰⁷

Commentary; cost-benefit analysis on calcifediol for treatment

At this stage, in late 2020, it was possible to assess in more detail the value of calcifediol, 25(OH)D, in the treatment (as opposed to prevention) of serious Covid-19.

We have seen (5 above) that ICU transfer rate was reduced from 13 out of 26 to 1 out of 50, which equals an absolute reduction of 48 out of 100 = 48% absolute benefit.

The Number Needed to Treat (NNT) was therefore 2, meaning that only 2 patients needed to be treated with calcifediol to prevent 1 ICU transfer.

The cost of the course of treatment with calcifediol was €5.16, £4.68, \$6.27.

The cost of preventing one ICU transfer was €11.32, £9.36, \$12.53.

Compare this to even one hour spent on ICU and we can see immense value for money.

The reduction of deaths from 2 in controls to 0 in calcifediol treated patients is too small to lend itself to statistical analysis, but it looks good. *This cost benefit analysis was ignored, and ICUs around the world continued to be overwhelmed.* More detail in:⁴⁰⁸

UK doctors

It had become clear during the year that UK citizens from ethnic minorities, South Asian and Black African, were dying from Covid-19 in excessive numbers. This was confidently assumed to be result of socio-economic disadvantage, but without any research evidence. A case-control study comparing ethnic Whites

⁴⁰⁶<http://www.drdauidgrimes.com/2020/11/covid-19-vitamin-d-calcifediol-96.html>

⁴⁰⁷ paper <https://www.medrxiv.org/content/10.1101/2020.11.08.20222638v1>

⁴⁰⁸ <http://www.drdauidgrimes.com/2020/12/covid-19-vitamin-d-calcifediol-has-96.html>

of the same socio-economic disadvantage was not undertaken. The observation of very low Covid-19 deaths in central African countries compared to the UK was not discussed publicly. For example, the UK was experiencing 1,870 Covid-19 deaths per million population, compared to 7 in Uganda. Could socio-economic disadvantage be so much worse in the UK than in Uganda? But the Lawrence Report concluded that structural racism in the UK was the reason for the excess deaths, a similar conclusion to two other reports.

During 2020 the British Medical Journal reported obituaries to 21 doctors who had died from Covid-19 in the UK. Of these 11 were White ethnicity, and the mean age at death was 91 years. 10 were South Asian or Black African ethnicity, mean age at deaths being 62 years. This might not have been a comprehensive investigation of deaths, but it gives an idea of the disproportionately high ethnic minority deaths. The age difference is astounding. Of course doctors are not socio-economically disadvantaged and the obvious explanation is ethnicity. The already known high prevalence of Vitamin D deficiency in people of South Asian and Black African ethnicity when living in the UK was withheld from debate in a successful attempt to avoid the glaringly obvious at a time when knowledge could have done so much good. More detail in:⁴⁰⁹

Conclusions to the end of 2020

At this point we reach the end of 2020, a great deal of work having been undertaken with respect of the value of Vitamin D in the pandemic of Covid-19, but the results of the work were systematically rubbished or just ignored.

Meanwhile deaths from Covid-19, virtually all in people who would be seriously deficient in Vitamin D had they been tested, were increasing from the summer recession, the Vitamin D sea-

⁴⁰⁹<http://www.drdaavidgrimes.com/2020/11/covid-19-vitamin-d-deaths-of-doctors.html>

son. How many of these deaths might have been prevented? (see Chapter 11).

As we moved into 2021, more evidence concerning Vitamin D appeared.

24. Spain, Barcelona

The pre-print to this study became available on January 22nd 2021. The paper was published in September 2021.

The study was of 752 patients admitted to hospital on account of Covid-19. The median average blood level on admission was very low at only 14ng/ml (35nmol/L). 65% of the patients had a blood level less than 20ng/ml (50nmol/L).

551 patients were randomised to receive Vitamin D in its part-activated reservoir form 25(OH)D, (calcifediol); 379 acted as controls, receiving high quality standard care.

Results: 80 of the 379 (21.2%) control patients required intensive care. 30 of the 551 (5.4%) of the calcifediol treated patients required intensive care. 36 (6.5%) of the calcifediol-treated patients died. 44 (13.4%) of the control patients died, but for ethical reasons most were given calcifediol when they were admitted to the ICU and when its benefits had become obvious. *This is ethical medical practice.*

It is again clear that Vitamin D as 25(OH)D (calcifediol) gives a great advantage to patients seriously ill with Covid-19, in respect of death or need for intensive care.

However the UK NICE failed us again. Five days after the appearance of the pre-print, on behalf of NICE Professor Adrain Martineau (London) and Professor Naveed Sattar (Glasgow) gave a damning judgment of the paper and the pre-print was removed from the web two days later. It is remarkable how two people could cause so much damage to clinical medicine, and how many deaths this judgement might have caused.

Their assertion was that there was 'not enough evidence' to promote the use of Vitamin D / calcifediol. This begs the ques-

tion, how much more evidence was necessary? But no answer has been forthcoming. More detail in:⁴¹⁰ paper⁴¹¹.

25. Brazil, Sao Paulo

A study was undertaken in patients with Covid-19 admitted to the Intensive Care Unit. They were already critically ill at the time of initiation into the study.

120 patients were given Vitamin D and 120 acted as placebo controls. Vitamin D was given as a single dose of 200,000 units. The outcome was the same in the two groups. The result of the study was presented to the public as a negative study indicating lack of benefit from Vitamin D. However the result must be compared with the results from Córdoba and Barcelona.

The point is that Vitamin D in its 'natural' form will take up to two weeks to be converted into 25(OH)D, (calcifediol.) Two weeks is far too long a delay for treatment to be given to a critically ill patient in intensive care, with high risk of mortality. This stands to common sense in anyone who has experience of critically hospital patients – would you be satisfied if you had to wait two weeks for treatment when critically ill? But calcifediol, when given by mouth is active within two hours, and very effective as shown in studies from Córdoba and Barcelona.

What this study demonstrates is that whereas Vitamin D is important in the prevention or minimisation of Covid-19 (taking account of earlier studies), when a patient is ill with Covid-19 treatment is much more effective when Vitamin D is given as the reservoir from 25(OH)D, calcifediol. More detail in:⁴¹² Paper⁴¹³.

⁴¹⁰<http://www.drdauidgrimes.com/2021/02/covid-19-and-vitamin-d-success-of.html>

⁴¹¹ paper: <https://pubmed.ncbi.nlm.nih.gov/34097036/>

⁴¹²<http://www.drdauidgrimes.com/2021/07/covid-19-and-vitamin-d-barcelona.html>

⁴¹³ paper: <https://pubmed.ncbi.nlm.nih.gov/33595634/>

26. Pregnancy – Vitamin D and Covid-19

In a study of 240 pregnant women from Washington State, USA, the hospital admission rate for Covid-19 was 3.5 times higher than in similarly aged non-pregnant women, and the fatality rate 13.6-fold higher⁴¹⁴

Of 427 pregnant women in the UK admitted to hospitals on account of Covid-19, more than half (56%) were of South Asian or Black African ethnicity⁴¹⁵

It was also noted that women of South Asian or Black African ethnicity had a particularly bad outcome from pregnancy complicated by Covid-19. Sociological factors were blamed, including difficult access to maternity care. This explanation conflicts with the evidence above, that 56% of pregnant women admitted to hospital with Covid-19 were of South Asian or Black African ethnicity, but this evidence was ignored. Advice was for midwives to be vigilant, but there was no reference to the use of Vitamin D to correct widespread deficiency⁴¹⁶

In a study of 239 women in early pregnancy in Indonesia (very close to or on the equator) it was demonstrated that 82% were very deficient in Vitamin D with blood levels less than 20ng/ml (100nmol/L)⁴¹⁷

A further study demonstrated that a Vitamin D supplement of 4,000units per day was safe and resulted in an excellent mean blood level of 44.4ng/ml (111.0nmol/L)⁴¹⁸

There was no clinical outcome recorded in this feasibility study. So far there has been no clinical application of this study. Official policy was the use of the new vaccinations in pregnancy.

⁴¹⁴ paper: <https://pubmed.ncbi.nlm.nih.gov/33515516/>

⁴¹⁵ <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2020.28.10.718?journalCode=bjom>

⁴¹⁶ <https://www.rcm.org.uk/media/4089/addressing-increased-risks-during-the-covid-19-pandemic-for-bame-women-statement-final-14-may-2020v2.pdf>

⁴¹⁷ paper: <https://pubmed.ncbi.nlm.nih.gov/33612650/>

⁴¹⁸ paper: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3183324/>

27. USA, New York

This paper was published in January 2022 but a pre-print became available in September 2021. It has already been discussed in chapter 11. The study was an RCT of 1,25(OH)₂D, calcitriol, given to 25 patients admitted to three hospitals in New York, with an additional 25 patients acting as controls, receiving standard high quality care. All measurements of illness were improved in the calcitriol group.

In particular, deaths were 3 out of 25 in the control group and 0 out of 25 in the calcitriol treated group. ICU transfer was 8/25 in the controls, 2 requiring invasive ventilation; ICU transfer was 5/25 in the calcitriol group, none requiring invasive ventilation.

Average mean length of stay was 9.24 days in controls, 5.5 days in the calcitriol treated group.

The result were therefore once again very positive, but it would appear that there was no notice taken by those who are supposedly concerned with public health. As already discussed (Chapter 11), where both calcifediol and calcitriol are available, the former is safer. The use of calcitriol in this study was to give rapidly active Vitamin D in a country in which calcifediol was not allowed for human use (despite excellent clinical studies in Spain). More detail in:⁴¹⁹ paper:⁴²⁰

28. Israel, Galilee

The results of this study became available in October 2021, with the paper being published in February 2022. It is a very important study concerning the predictive value of blood Vitamin D levels in determining the outcome from Covid-19. The study was of 1176 patients admitted to the Galilee Medical Centre, of whom 253 had pre-existing blood Vitamin D results. Perhaps

⁴¹⁹<http://www.drdauidgrimes.com/2021/09/covid-19-vitamin-d-rct-of-calcitriol.html>

⁴²⁰ paper: <https://pubmed.ncbi.nlm.nih.gov/34508882/>

surprisingly for a very sunny country, in 55% of the 253. Vitamin D levels were less than 20ng/ml (50nmol/L). However orthodox Jews make up a significant proportion of the population of Israel, and they characteristically wear extensive clothing that minimises exposure to the sun. Previous research has demonstrated that they have very low blood levels of Vitamin D, and in the UK the Haredi Jews have had a particularly bad experience with Covid-19⁴²¹

The study demonstrated that severe and critical illness were predominantly among those with Vitamin D deficiency. Deaths from Covid-19 occurred in 34 (25.6%) of those with Vitamin D levels less than 20ng/ml (50nmol/L), compared to just 4 deaths in those with higher blood levels. This is dramatic and it is so tragic that this was not accepted world-wide as a public health initiative to identify and correct Vitamin D deficiency.

The study went on to show how severe and critical illness were predominantly among those with Vitamin D deficiency. More detail in:⁴²² paper:⁴²³

This brings us to the end of reports that became available in 2021 concerning the role of Vitamin D in Covid-19. The ignoring of this continued, to the detriment of the UK population.

29. UK, Liverpool

The results of a study from Liverpool was published on January 31st 2022.

The study was of 992 patients admitted to hospital in 2020 on account of Covid-19. 472 of them had surplus blood from initial testing to allow retrospective testing for Vitamin D.

There is an interesting point. There is more than sufficient evidence to indicate a very high probability of danger from Vita-

⁴²¹<https://www.theguardian.com/world/2020/may/26/how-a-haredi-community-in-london-is-coping-with-coronavirus-photo-essay>

⁴²²<http://www.drdaavidgrimes.com/2021/12/covid-19-and-vitamin-d-strong-evidence.html>

⁴²³<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0263069>

min D deficiency, of benefit from Vitamin D, and that there is no danger from standard controlled dosage. This means that it would be unethical to withhold Vitamin D in a control group of Vitamin D deficient patients. A prospective randomised controlled trial of Vitamin D in patients with Covid-19 who are deficient in Vitamin D would not be ethically approved, if the patients and the members of the ethics committee were fully informed of current research and knowledge. This has not been understood or acknowledged by critics of Vitamin D.

83% of the patients studied were deficient of Vitamin D, meaning blood levels less than 30ng/ml (75nmol/L). 96% had blood levels less than ideal, 40ng/ml (100nmol/L) or more.

Of the 472 patients, 112 (23.7%) died within 28 days. The Odds Ratio (OR) for severe disease is standardised at 1.0 for those with blood Vitamin D level 20–30ng/ml (50–75nmol/L). The OR for severe disease is 2.37 for blood level less than 10ng/ml, (25nmol/L), indicating more than twice the risk of severe disease.

It came as a surprise that the 18 patients with blood Vitamin D level greater than 40ng/ml (100nmol/L), had an OR=4.65 for severe disease. Nothing like this has been noted in other studies, and its significance (in a small number of subjects) is far from clear.

Perhaps the conclusions are that severe Vitamin D deficiency indicates a bad outcome from Covid-19, but also that it is important to monitor blood levels in those given a supplement so as to avoid too high a blood level. More detail in:⁴²⁴ paper:⁴²⁵

30. UK, London

The “COVIDENCE” study was proposed at the beginning of the Covid-19 pandemic, the objective being to evaluate the role,

⁴²⁴<http://www.dravidgrimes.com/2022/03/covid-19-and-vitamin-d-study-from.html>

⁴²⁵ paper: <https://academic.oup.com/ajcn/article/115/5/1367/6518440?login=false>

if any, of Vitamin D in the prevention of Covid-19 in the community. An earlier pre-pandemic investigation by the study lead, Professor Adrian Martineau, had demonstrated a benefit from Vitamin D in reducing the incidence of respiratory infections.

COVIDENCE recruited 6200 adults, all being fit and well. 2958 were randomised to receive Vitamin D. 86.8% of these had blood levels of Vitamin D less than 30ng/ml (75nmol/L).

1334 were given Vitamin D in a low dose of 800 units per day, and 1356 were given 3,200 units per day

The 2949 controls were not tested for blood levels of Vitamin D, because once again if they were identified as being deficient there would be the insurmountable ethical dilemma of leaving them as untreated controls. They were informed that they would not be given Vitamin D. But guess what? An unknown but obviously high proportion of them did take Vitamin D on their own initiative. This was clearly shown by the end-of-study blood levels of Vitamin D. The 'control' groups had an average end-of-study blood level of Vitamin D 26.6ng/ml (66.6nmol/L), which is significantly greater than base-line pre-treatment mean of 16ng/ml (40nmol/L) in the treated groups! It is reasonable to assume that the mean in the control group would have been the same as the mean in the treated group before treatment.

This means that in this study the 'control' subjects were not controlled and the randomised controlled trial therefore had a meaningless result.

The authors concluded that the study merely demonstrated that a 'test and treat' approach to Vitamin D was feasible and a practical success.

However the important observation is that of 6,000 subjects given or taking Vitamin D, only three required ventilatory care for Covid-19 and there were no deaths. This is remarkably low, very positive, and it indicates the value of taking a Vitamin D

supplement if deficient in Vitamin D. More detail in:⁴²⁶ and published paper:⁴²⁷

31. Belgium, Liège

The study recruited patients admitted to hospital on account of Covid-19 and who had blood levels of Vitamin D 20ng/ml (50nmol/L) or less. They were all expected to survive at least four days.

21 were randomly allocated to receive Vitamin D 25,000 units daily as an oil by mouth for four days, and 22 received an inert oil placebo.

1 patient in the treated group died, compared to 3 control patients.

The treated patients had a mean ICU length of stay of 4 days, compared to 12.4 days in the control group. Mean hospital length of stay was 4 days in the treated group and 8 days in the controls. All outcome parameters showed advantages to the Vitamin D-treated group. Sadly two deaths occurred in the control group, deaths that were not really necessary, but who were sacrificed in a futile attempt to satisfy those who demanded randomised controlled trials. More detail in:⁴²⁸ and the paper itself:⁴²⁹

32. Mexico, Mexico City

This study was of 321 health care workers from four hospitals, during the second half of 2020. Once again we can see the long time it takes for a study to be completed and published.

Although Mexico is sub-tropical, only 6% of the subjects had initial blood levels of Vitamin D 30ng/ml (75nmol/L) or greater.

⁴²⁶<http://www.drdauidgrimes.com/2022/08/covid-19-vitamin-d-uk-covidence-clinical.html>

⁴²⁷ paper: <https://www.bmj.com/content/378/bmj-2022-071230>

⁴²⁸ <http://www.drdauidgrimes.com/2022/09/covid-19-vitamin-d-rct-benefit-in.html>

⁴²⁹ paper: <https://www.mdpi.com/2072-6643/14/15/3048>

With indoor work and a preference of air-conditioning, sun exposure is very limited even close to the equator.

94 subjects received treatment of Vitamin D 4,000 units daily, and 96 randomised controls received an identical placebo. 24 of the control subjects developed Covid-19 (one severe illness), compared to 6 in the Vitamin D treated group. There were no deaths.

Once again there were clear advantages in correcting Vitamin D deficiency. There were no reports of untoward effects. Once again there was no publicity or directed influence on clinical practice. More detail in:⁴³⁰ paper:⁴³¹

33. USA, Department of Veterans Affairs (VA)

This study was based on the records of 34,710 armed forces veterans who had blood levels of Vitamin D performed, and Vitamin D prescribed during 2019 and 2020.

407,860 controls were identified, who had not received a prescription for Vitamin D.

57% of the initial blood Vitamin D results were between 20 and 40ng/ml (50 and 100nmol/L). 17% were less than 20ng/ml (50nmol/L), and 26% were above 40 (100nmol/L).

The incidence of Covid-19 was standardised as 1.0 in the control group. In those treated with Vitamin D3 (of animal origin) the hazard ratio for Covid-19 was 0.720. For the smaller number treated with Vitamin D2 (of fungal origin) the hazard ratio was marginally higher at 0.757. The hazard ratios for death within 30 days of Covid-19 were also significantly reduced at 0.667 (D3) and 0.765 (D2). The reduction of deaths from Covid-19 by 33% was achieved by correction of Vitamin D deficiency.

⁴³⁰<http://www.drdaavidgrimes.com/2022/09/covid-19-vitamin-d-rct-benefit-in.html>

⁴³¹ Paper: <https://www.sciencedirect.com/science/article/pii/S0188440922000455?s=09&via=ihub=>

cy by Vitamin D3 showed a very significant benefit. More detail in:⁴³² and the authors' published paper⁴³³.

Chapter Conclusions

We have now reached the end of 2022 and looked in this chapter at many (but not all) of the clinical investigations that have been undertaken, mainly in supposedly less 'advanced' countries, concerning Vitamin D and Covid-19. Basically they all come to similar conclusions and the pattern is clear: there is benefit from Vitamin D given in advance of disease (prevention). And here, the individual should be given Vitamin D3 itself, and the liver and target cells allowed to do the pre-activation and activation. An exception is those who are very obese, as adipose tissues sequester lipids like Vitamin D: likewise those with liver dysfunction who should be given calcifediol instead. In all cases we are talking about taking amounts that are ten times those recommended by 'NICE' and the Society for Endocrinology i.e. 4,000 to 6,000 Units a day, not 400 to 600.

If the illness is established, then Vitamin D should also be given, but in its part-activated (reservoir) form, 25(OH)D (calcifediol), or if not available as 1,25(OH)₂D, (calcitriol). Both act within an hour or two of ingestion, as opposed to a week or two, because of their greater water solubility, and so more rapid absorption directly into the blood rather than lymphatics, and their independence from liver enzymatic conversion. We have already considered why, of the two, calcifediol is preferable (see Chapter 10). It is the normal circulating storage/ reservoir form, and the cells of the immune system possess the cytochrome P450 enzyme machinery (1-alpha hydroxylase) to produce 1,25(OH)₂D local-

⁴³²<http://www.drdauidgrimes.com/2022/11/covid-19-vitamin-d-so-much-evidence-of.html>

⁴³³ paper: <https://www.nature.com/articles/s41598-022-24053-4>

ly, as needed, from its 25OH precursor. With the administration of 1,25(OH)₂D there is much greater risk of inducing hypercalcaemia, because given systemically it will act as a hormone and promote calcium absorption from gut and bone. On the other hand there is a self-destruct mechanism, namely induction of the inactivating 24-hydroxylase, within the immunocytes where it is produced to act locally via the local VDR in an autocrine or paracrine manner.

We have also seen that the above studies have been systematically rubbished and ignored. In fact, when our earlier book was published 2.5 years ago, we received letters from several medical scientists arguing that the early studies were fabricated, and our book should be retracted. We did not do so, and since then, despite all the confirmatory evidence opportunities for reduction of illness and death from Covid-19 with Vitamin D have not been taken, notably in the so-called 'first world'. Ivermectin and hydroxychloroquine have likewise been rubbished and doctors forbidden to prescribe them, despite strong evidence of benefit. and progressively licences to practice have been withdrawn for those who refused to obey the edict. The official vanguard has been nucleic acid vaccines only, without critical assessment. We need now to look at the health of the nations at the beginning of 2023.

CHAPTER 19

2020-2023. THE HUBRIS OF COVID-19 VACCINES

by Dr David Grimes

2023 will be the fourth year of the Covid-19 pandemic. What will happen during the year cannot be predicted but it will be of critical importance. 2022 ended badly. We have been told that there were in the UK up to 60,000 excess deaths during the year (10% increase on previous years' average) with 1,600 excess deaths during Christmas week alone. However we were assured that the Covid-19 pandemic was under control. We need to look back briefly.

The pandemic hit the UK in a significant way in early March 2020. When the UK had experienced twenty-eight Covid-19 deaths, the government introduced lockdown. This was very successful in its execution, with closure of schools, universities, sports events, social gatherings, religious services, and much of the economy. Lockdown had no obvious immediate effect on the pandemic, as judged by a rapid increase of cases and deaths immediately afterwards.

It was when we passed the Spring equinox, that the pandemic declined. The Sun became sufficiently high above the horizon to produce Vitamin D in the skins of most northern temperate zone citizens. In turn this promoted enhancement of immunity with-

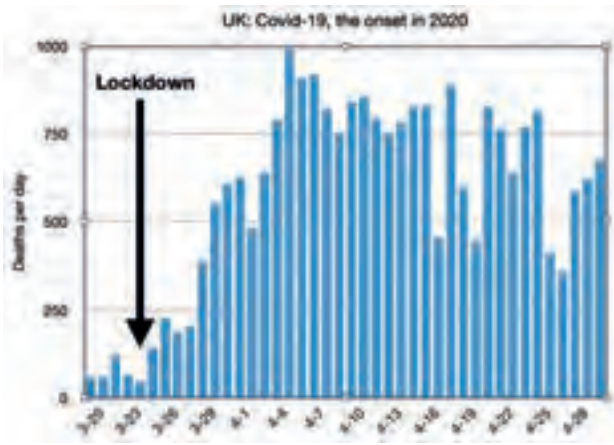


Figure 19(1) *The non-effect of lockdown on Covid-19 deaths in the UK*

in the population, and progressively during the summer months the Covid-19 deaths effectively came to an end. Predictably there was an increase in cases and deaths during the autumn and early winter of 2020, but this could have been averted by giving Vitamin D supplements to the population during this time.

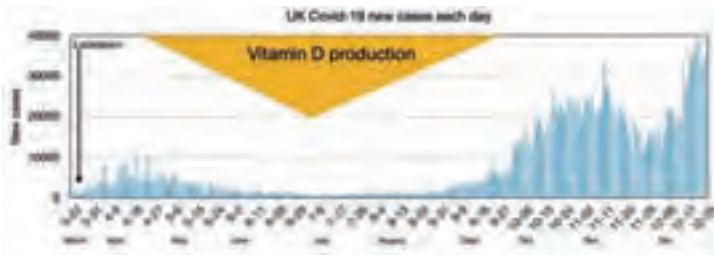


Figure 19(2) *The decline of Covid-19 cases in the UK during the summer of 2020*



Figure 19(3) *The decline of Covid-19 deaths in the UK during the summer of 2020*

Nucleic Acid ‘Vaccine’ development

Although we are dealing with mRNA and DNA injections, this term was abandoned in favour of ‘vaccines’. People are accustomed to the word vaccine, but obviously suspicious of anything related to gene therapy, which these are. For the sake of simplicity, however, I shall keep to the terms vaccines and vaccinations.

The vaccine roll-out began with vigour at the end of the year. The UK Secretary of State for Health, Matt Hancock, was determined that Great Britain would be the first, or at least among the first, to vaccinate its population extensively. In early 2023 we learn from the reply to a Freedom of Information request that he authorised the use of the new vaccines without delegating the responsibility to his Medicines and Healthcare products Regulatory Agency (MHRA).

We anticipated that the winter increase in Covid-19 cases and deaths would reach an early peak and then would subside in 2021 to levels less than those of early 2020, but this was not to be. The vaccination programme began in mid-December 2020 but in January 2021 Covid-19 cases and deaths increased to levels much higher than had been experienced in early 2020. During the Spring the numbers dropped substantially, but this was not to last. Instead, unexpectedly in mid-summer the numbers of cases

increased dramatically and remained very high for the remainder of the year and into 2022. How could it be that with the 2021 vaccination program of first, second, and then booster injections, there were many more Covid-19 cases in 2021 than in 2020? Could it be that the vaccinations (mRNA or DNA gene therapies) were not actually effective, or were even counter-effective?

Traditionally a vaccine when administered will prevent or reduce substantially the risk of the target disease occurring. It was becoming clear that this was not happening and so on September 1st 2021 the WHO changed its definition of a vaccine. It was no longer defined as *'an inoculant that produces immunity to a specific disease'* but *'a preparation that is used to stimulate the body's immune response against diseases'*. So it had to be demonstrated that so-called 'vaccines' led to antibody production rather than causing disease prevention. By this cynical and unchallenged process, mRNA injections that are in fact 'medicines' became officially classified as 'vaccines'.

Data on Vaccine Effectiveness

We know very little about the effectiveness of the vaccinations. The great majority of development data, held by the major pharmaceutical companies developing vaccines (**Pfizer**, **Moderna**, **Janssen (Johnson & Johnson)**, and **AstraZeneca**), have not been released. Pfizer wanted to withhold it altogether but then agreed to release the data very slowly over 75 years. This was challenged by the US Senate and as a result it is reluctantly being released more quickly (=slowly) but almost as random pages. However Pfizer did release some data for press release in December 2020. This was a controlled trial of the vaccine in two random groups each of 18,497 normal non-pregnant young people aged above 18 years. The result was that in the placebo group there were 85 Covid-19 cases, and in the vaccine group 9 cases. There were no deaths. The number of 'events' in groups of

almost 20,000 were so small as to be of doubtful clinical significance, although statistical significance only was considered.

The reduction of deaths was $85-9=76$. This meant that 18,497 normal adults needed to be vaccinated (x1) to prevent 76 Covid-19 cases, meaning that to prevent one case, 243 vaccinations would be necessary. This is known as the **Number Needed to Treat (NNT)**, which in the real world is the best way to evaluate the use of a medicine or other intervention, but a measurement intensely disliked by pharmaceutical companies. And so the result was presented to the statisticians for the application of statistical spin.

The application of statistical spin

This worked as follows. The expected number of cases in the vaccine group was the same as that in the placebo groups, namely 85. The actual number of Covid cases found in the treated group was 9, a difference of 76. Seventy-six cases out of 85 expressed as a percentage is 89.411%. Hey Presto! We are informed of 90% efficacy. Inconsequential news was thus miraculously converted into good news. Another way to look at it is this. In the control group there were 85 cases out of 18,477 = 0.46% (therefore not common). In the vaccine group there were 9 cases out of 18477 = 0.049%. Gain from the vaccine = $0.46-0.049 = 0.41$. Therefore absolute risk reduction of cases is 0.41%, in other words not very valuable considering there were no deaths. For the Moderna vaccine, a similar study showed absolute risk reduction (real world) 0.47%, but proportionate risk reduction (spin) 95%. NNT =176.

Time-scale of the Vaccine roll-out

It is remarkable that four independent pharmaceutical companies were each able to create a nucleic acid technology vaccine against a virus never previously recognised, and tested by short-term randomised controlled trials, all within one year. The time-scale of the development was far too short for full safety or effectiveness testing of the vaccines, and so they required Emergency Use Authorisation (EUA) to be provided by governments. This depended upon two factors: a medical emergency, and no alternative treatment being available. Vitamin D and in particular its part-activated (reservoir) form 25(OH)D, (calcifediol), and also ivermectin and hydroxy-chloroquine, had to be suppressed. The achievement of this by government agencies, medical-scientific leaders, learned medical societies, medical journals and the major media was remarkably successful. Solidarity was maintained and the population was deprived of treatments that would have reduced illness and prevented deaths.

EUA was for just one year, during which time it was anticipated that randomisation would be continued for further assessment of effectiveness and safety. However Pfizer initially, and then the other Companies too, claimed that it would be unethical to withhold a 'safe and effective' vaccine from a control placebo group. The vaccines were therefore offered to the control groups and as a result the opportunity for full testing was irretrievably lost. Even careful monitoring as part of the roll-out did not take place. However it subsequently turned out that in the Pfizer trial after six months there had been four deaths from cardiac arrest in the original treatment group compared to one in the original control group. Although the numbers were too small to reach levels of statistical significance, they should have been taken as a serious warning.

This approach was in total contrast to the attitudes to Vitamin D trials. In these the many official deniers would not accept the results if there was not a strict control group who were clearly

deficient of a normal physiological vitamin pre-hormone. We have seen that convincing clinical trials were completely ignored.

'Warp speed' Vaccine Roll-outs

After minimal testing, of dubious quality, the vaccines were rolled out at the end of 2020. It was almost universally anticipated with great enthusiasm (and optimism) that the Covid-19 pandemic would be crushed in 2021. Unfortunately this did not happen, and during 2021 Covid-19 cases and deaths increased. In the summer of 2021 second vaccinations became automatic, and at the end of 2021 a third 'booster' was rolled out. The pandemic still did not go away, and a fourth 'booster' injection became available in the summer of 2022, and a fifth at the end of 2022. The take-up rates of the 4th and 5th vaccinations had fallen dramatically. It was as though it was dawning on the population that the vaccines were anything but '*Safe and Effective*'. The governments and their agencies are none-the-less continuing to advertise the importance of vaccination, even though with an obvious decline in enthusiasm.

AstraZeneca vaccine, pride of Oxford

It had been with great national pride that the AZ vaccine was developed in Oxford UK and rolled out quickly. The scientists involved were awarded national honours. The share price rose to the delight of the stock market. It would have risen even higher had the AZ vaccine been accepted for use in the USA, but that did not happen. There had been a hiccup in the initial clinical trial of the AZ vaccine. One subject developed 'transverse myelitis'. This is a very rare and very serious condition of inflammation of the spinal cord, causing paralysis of the lower part of the body. The trial was suspended for three weeks, but it was restarted when sci-

entific advisors stated with confidence that this very serious and very rare illness was a ‘coincidence’. How something so rare can be considered to be a coincidence is mystifying and irresponsible.

It should have brought the trial to an end, and with it the development of the AZ vaccine, subsequently called *Vaxzevria*. It differs from the Pfizer and Moderna vaccines in that it uses an adenovirus modified to contain the gene for making the SARS-CoV-2 spike protein. Following injection the adenovirus carries the gene into the cells. It is clearly gene (DNA) therapy and effects must be considered to be unpredictable without extensive and prolonged testing. Abandoning the AZ vaccine would have been a huge setback with loss of prestige for the development teams at Oxford, and of course the writing off of huge financial investment (much of which came from the UK government, and therefore UK taxpayers). The pressures to continue the roll-out despite the one case of transverse myelitis were overwhelming, but as subsequent events demonstrated, they were misguided. On September 26th 2020 it was reported in *The Times* that AstraZeneca received from European governments agreement to protect the company from financial liability concerning possible vaccine damage.

But the roll-out in 2021 did not go well. On March 12th 2021 the European Medicine Agency (EMA) reported 30 cases of ‘thromboembolic events’ (blood clots) among 5 million people who had received the AZ vaccine. The regulator continued with the statement of doubtful truth: ‘The vaccine’s benefits continue to outweigh its risks’. Despite this reassurance, several European countries had suspended the AZ vaccine. On the same day *The Guardian* reported that the ‘*World Health Organisation tells countries to continue using jab while it looks into blood clot reports*’. It would have been more prudent to suspend use during the investigation. The point is that although the thromboembolic events were ‘rare’ they were dangerous and often fatal, and so not acceptable when given to normal healthy people the great majority of whom were not at risk of serious Covid-19 disease.

Forgotten Lessons; GlaxoSmithKline and Pandemrix

It had been forgotten that in 2009 a UK vaccine *Pandemrix* was produced to protect us against a Swine Flu pandemic that failed to happen. As already mentioned, the vaccine caused a serious side-effect of narcolepsy in one in 55,000 people receiving the vaccine. This was considered to be 'rare', but it was of high impact with long-term illness in young people. It was suggested by its manufacturer GSK (Director of Research being Sir Patrick Vallance, later UK Chief Scientist) that the cases of narcolepsy were coincidental and that there was no 'proof' that the vaccinations caused the disease. As usual we see the use of the term 'proof' without indication of its meaning. However 100 such coincidences in the UK and many more throughout Europe (*Pandemrix* was not accepted in the USA) led to the withdrawal of the vaccine. Financial compensation claims have not yet been concluded.

The Guardian newspaper stated that '*Undermining the Astra-Zeneca jab is a dangerous act of political folly*' (April 4th 2021), and plans were for the rollout of the vaccine to the under 30s. The AZ vaccine scientists were set for £22m payday in the projected



Figure 19(4) *Lisa Shaw, vaccine victim. Even losing one of its own could not break the BBC's seal of vaccine lies and self-interest*

New York float. However on May 28th 2021 the press could not avoid announcing the death of Lisa Shaw, an award-winning and popular 44 year-old BBC TV presenter.

She became ill with severe headaches a few days after receiving the AZ vaccine and she died of 'blood clots' on the brain. The coroner concluded that the vaccination was the cause of Lisa's death. It was reported that there had by now been 309 cases in the UK among 33 million people given the AZ vaccine. The reports continued to use the term 'very rare' when referring to blood clots, whereas impact on the individual was arguably more important than the frequency of an event. The AZ vaccinations continued but it was falling out of favour. The Pfizer and Moderna vaccines were preferred by the UK and other governments for third dose 'booster' injections in the late summer of 2021. AZ had developed a form of *Vaxzevria* to be used as a nasal spray but it proved to be ineffective. The company also produced an antibody treatment, Evusheld, for Covid-19 but it was discontinued after the US FDA withdrew authorisation when it proved to be ineffective. The AZ vaccine has not been officially 'withdrawn' in the UK but it is no longer used. At the beginning of 2023 the *Astra-Zeneca* share price had fallen substantially.

The abortive Australian vaccine

There was great enthusiasm for vaccine developments during 2020, and understandably many countries wanted to develop their own. No less than 58 different vaccines were under development in clinical trials in humans. One of these was in Australia. The vaccine development was centred at the University of Queensland with a billion dollar funding from the government, and with a deal signed to buy 51 million doses. The bio-tech company **CSL Limited** planned to bring the vaccine to the market. Then the trials were stopped and the vaccine was suddenly and quietly withdrawn. The reason was that several trial partic-

ipants became HIV positive. This was clearly alarming, but it turned out that they did not have AIDS and that the positive HIV tests were ‘false positives’. The vaccine scientists had used part of the HIV virus to act as a ‘molecular clamp’, without anticipating that it would stimulate an antibody response specific to it. The Australian Government then acquired 134 million vaccine doses from five sources a cost of \$3.2 billion.

Pfizer, Moderna, Janssen

In contrast to the above, the three US vaccines were protected well by the US government and its agencies. It was pointed out in the *British Medical Journal* that the medicines regulatory agencies around the world are majority funded by the pharmaceutical companies that they are supposed to regulate⁴³⁴. The Big Pharma funding is 96% in Australia, 89% in Europe, 86% in the UK, 85% in Japan, 65% in the USA. In the UK the chair of the Medicine and Health Products Regulatory Agency (MHRA) reported that the function of the agency had changed from being a ‘gate-keeper’ to being a ‘facilitator’ of new pharmaceutical release⁴³⁵.

Pfizer has been the highest profile vaccine developer. The large number of untoward incidents reported have received no official reaction from government agencies, and vaccination programmes continue. The reports are through official channels, VAERS (Vaccine Adverse Event Reporting System) in the USA, the Yellow Card in the UK, and similar in other countries. The pharmaceutical companies should have kept their own records of adverse events as post-marketing surveillance, but if they did so they remained strictly confidential. As mentioned above, Pfizer

⁴³⁴<https://www.bmj.com/company/newsroom/investigation-are-drug-regulators-sufficiently-independent-from-the-companies-they-are-meant-to-regulate/>

⁴³⁵<https://www.raps.org/regulatory-focus™/news-articles/2015/3/from-gatekeeper-to-facilitator-mhra-touts-innovation-efforts>

asked for its documentation to be withheld but the US Senate ordered release. The rate of release offered by Pfizer would have taken 75 years for the release to be completed, and so the Senate demanded faster release. There had been a suspicion of myocarditis, heart inflammation, following Pfizer vaccination. The US Food and Drug Administration (FDA) charged Pfizer with the task of completing a study of its documented experience, and for the report to be submitted by June 20th 2022. The date came and went without a submission, and it appears that the FDA is allowing Pfizer more time, with submission date now scheduled for June 30th 2023. In light of what has been happening during 2022, this is very accommodating to Pfizer⁴³⁶.

Vaccines that were stopped in 2021

The AZ vaccine was stopped in Denmark as early as April 2021 because of concern about blood clots. In October Denmark considered the Moderna vaccine to be unsafe and stopped its use in children and young adults. Sweden followed with concern about cardiovascular side-effects. Finland developed the same policy, followed by Iceland and France. They referred to the heart effects as ‘rare’, but obviously common enough to take firm action.

The *German Standing Committee on Vaccination (STIKO)* decided that the Janssen vaccine provided inadequate protection and that supplementary vaccination with Moderna or Biontech vaccines were needed. (Biontech is the German biotech company that worked with Pfizer on the joint vaccine). In November 2021 STIKO decided that the Moderna vaccine was inadequate, advising the Biontech-Pfizer vaccine (*Comirnaty*) only. The Paul Ehrlich Institute had reported an unusually high incidence of heart inflammation in young people who had

⁴³⁶https://www.theepochtimes.com/fda-quietly-changes-end-date-for-study-of-heart-inflammation-after-pfizer-covid-vaccination_5013087.html

received the Moderna vaccine⁴³⁷. It was looking as though the vaccines were not safe.

Doubts over vaccine effectiveness

We have seen the pattern of Covid-19 cases and deaths during 2020. We can now look at the pattern in 2021. It looks as though the vaccine rollout in December 2020, January and February 2021 reduced the incidence of Covid-19 in the Spring, but in the late summer there was a great increase. There were more Covid-19 cases in 2021 than in 2020, and this hardly points to vaccine effectiveness. The increase in the late summer followed the booster dose. Was this the problem? The much-used catchphrase '*Safe and Effective*' was appearing to be the antithesis of reality.

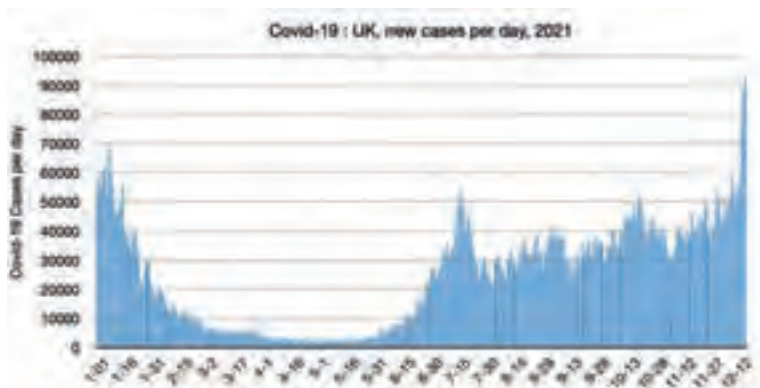


Figure 19(4) *Covid-19 cases in the UK during 2021*

⁴³⁷ <https://notrickszone.com/2021/11/10/covid-vaccines-falling-like-dominoes-unsafe-ineffective-naive-to-think-it-all-could-be-rushed/>

Experience from Canada

The Canadian Public Health departments (PHAC) has produced weekly data of great interest. An extract is shown in the figure below.

Table 2. Characteristics and severe outcomes among unvaccinated, partially vaccinated, fully vaccinated, and fully vaccinated with additional dose confirmed cases reported to PHAC, as of May 22, 2022

	Unvaccinated (n=96,282)	Cases not yet protected (n=1,238)	Partially vaccinated (n=34,202)	Fully vaccinated (n=743,524)	Fully vaccinated with an additional dose (n=526,144)	Total cases (n=2,183,346)
Gender*						
Male	841,235 (86.5%)	25,344 (2.0%)	40,596 (4.5%)	237,203 (32.7%)	173,892 (33.0%)	1,313,349 (71.0%)
Female	471,085 (48.4%)	76,329 (6.2%)	48,990 (4.7%)	476,220 (65.2%)	208,229 (39.6%)	1,169,992 (70.0%)
Hospitalizations	52,774 (54.5%)	3,270 (2.6%)	4,992 (5.2%)	79,881 (10.7%)	15,170 (28.7%)	96,993 (71.0%)
Deaths	70,284 (54.7%)	798 (6.2%)	594 (5.1%)	1,112 (1.5%)	2,084 (3.2%)	18,768 (71.0%)

Source: Detailed case information received by PHAC from provinces and territories, using December 14, 2021.

Figure 19(5) *Table from PHAC, Covid-19 cases and vaccination status*

The table shows the total number of Covid-19 deaths since the pandemic began, and that 54.7% had been in the unvaccinated. But most of the deaths were before the introduction of vaccines, and so the information is inconclusive if we are interested in the effectiveness of the vaccines at present. What we require is up-to-date data, what happened during the past week. This data is easily assembled by subtracting this week's cumulative totals from last week's, shown below.

The data can be seen more easily in the bar-chart.

It is clear that during the week May 15th to 22nd just 16.3% of the deaths were in the unvaccinated, and 83.7% were in the vaccinated. More details from the PHAC reports can be seen

in my Blog⁴³⁸: Since this analysis appeared on my Blog (8,000 views), PHAC has discontinued displaying vaccination status on its weekly reports⁴³⁹.

Australia and New Zealand

During 2020 and 2021, when the pandemic was active in Europe and the Americas, Australia and New Zealand were having a quiet time. This was helped by their geographical isolation with controlled entry, and no doubt by their both lying in the Southern hemisphere. It was only in December 2021 that the

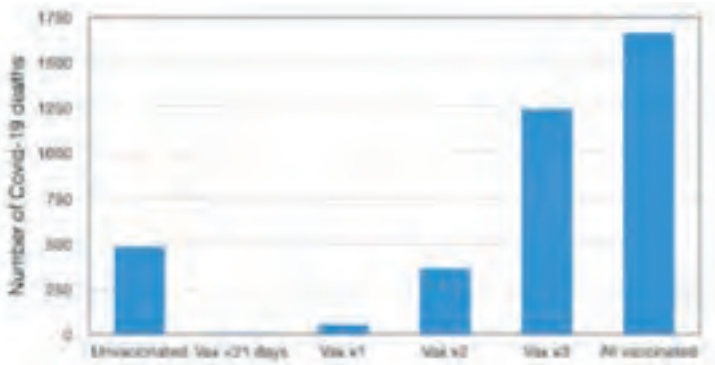


Figure 9(6) *Bar-chart displaying data from the week May 15th to May 22nd 2022*

pandemic caused significant problems in Australia with a sudden dramatic increase. The strange thing is that during the quiet time vaccines were given, but they did not prevent the emergence of

⁴³⁸<http://www.drdauidgrimes.com/2022/06/covid-19-vitamin-d-lack-of-benefit-of.html>

⁴³⁹<https://health-infobase.canada.ca/covid-19/>

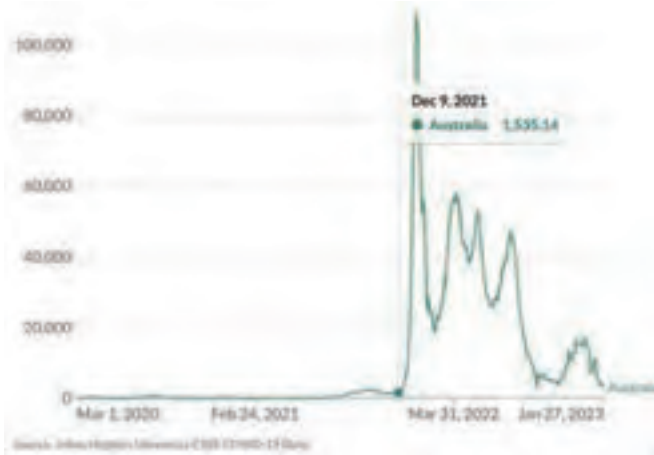


Figure 19(7) *Emergence of Covid-19 cases per day in Australia*

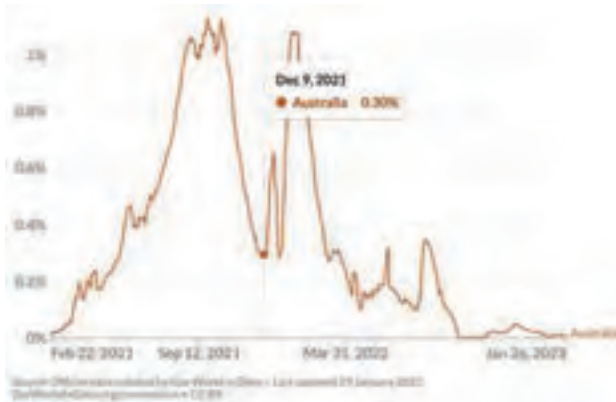


Figure 19(8) *Covid-19 vaccinations per day in Australia*

the pandemic. The following figures are taken from *Our World in Data*. Please pay attention to the time-scales of the charts.

The same pattern was seen in New Zealand. Again the quiet 2021 gave an ample opportunity for the population to be pro-

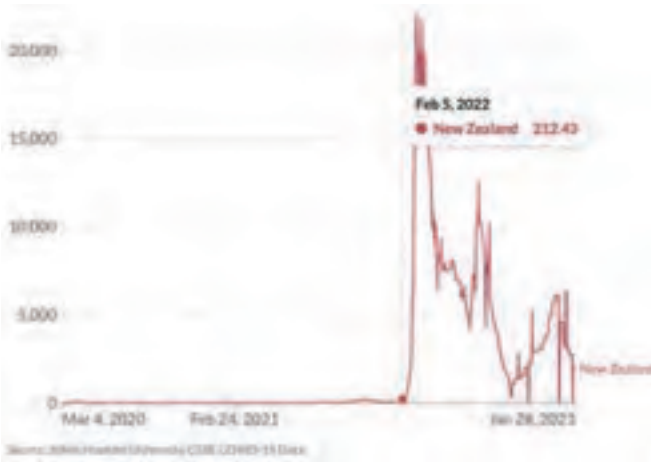


Figure 19(9) *Emergence of Covid-19 cases per day in New Zealand*

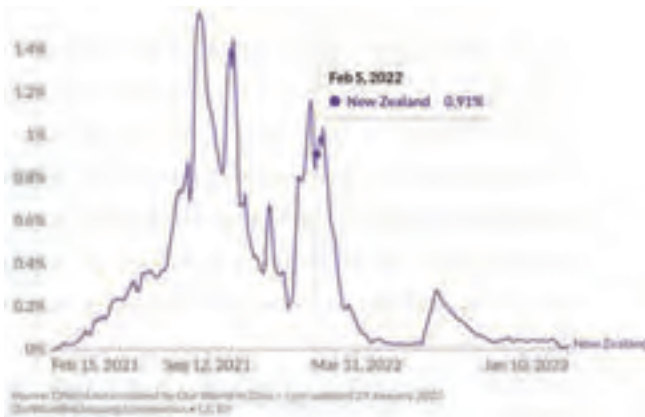


Figure 19(10) *Covid-19 vaccinations per day in New Zealand*

ected by vaccination, but it was of very doubtful benefit in that it was followed by the major outbreak of Covid-19.

The population of South Korea underwent a military-style lockdown in 2020, but the small number of Covid-19 cases was not to last. South Korea had a similar experience with the Cov-

id-19 reaching epidemic proportions only in 2022, with a peak of 400,000 cases per day. This was not prevented by the vaccine roll-out during 2021.

This experience was also seen in many other countries, especially in the west Pacific. The effectiveness of the vaccines must be in serious doubt. But more than this, have the vaccinations

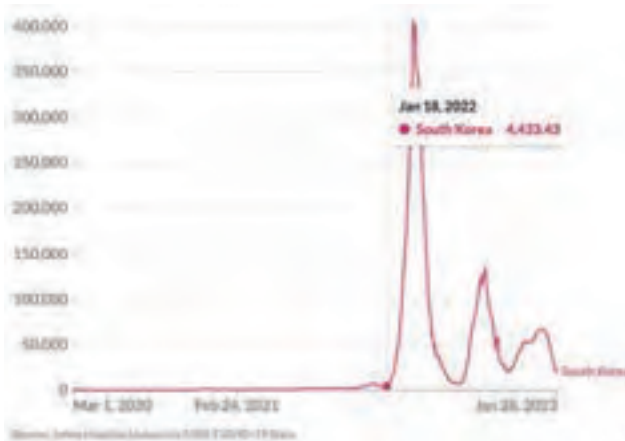


Figure 19(11) *Emergence of Covid-19 cases per day in South Korea*

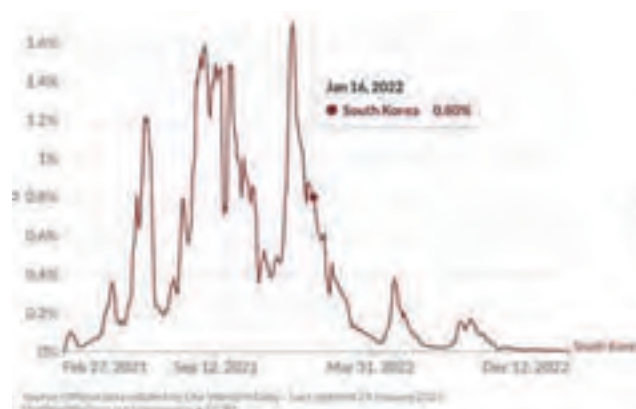


Figure 19(12) *Covid-19 vaccinations per day in South Korea*

been making the Covid-19 pandemic worse? Could it be that the vaccinations been damaging innate immunity, making those vaccinated more susceptible to Covid-19? And perhaps to other infections? Such an effect may be due to exhaustion of Vitamin D supplies.

Increase in other infections: RSV & Scarlet Fever

Covid-19 had not gone away, and on August 24th 2022 a *Guardian* report stated: *'Twice as many people died with Covid this summer compared with 2021'*. But there was no suggestion of ineffectiveness of vaccinations, or even damage from them. With the decline of Covid-19, it was with astonishment that in the summer of 2022 there was more illness appearing. During 2022 we saw an increase of total illness within the population of the UK and also in other temperate zone countries. Covid-19 did not account for all of this, but many infections appeared with incidences much higher than expected.

In the early winter of 2022, Respiratory Syncytial Virus (RSV) became a significant epidemic in young children, with on November 20th a newspaper headline *'What is Causing the Explosion of RSV?'* There were many questions but no answers and silence from public health officials. It is reported that the US FDA has granted Moderna's mRNA-1345 RSV vaccine *Breakthrough Therapy Designation*. Moderna is hoping for approval for clinical use in early 2023, first in adults and later in children.

Then we saw the re-emergence of scarlet fever in children, an infectious disease caused by the bacterium *Streptococcus A*. US CBS News reported on December 3rd 2022: *'UK officials issue warning after 6 children die of Strep A infections...Data showed in the 46th week of the year (in mid-November), there were 851 cases of SCARLET FEVER reported in the UK compared to 186 cases in that same week in preceding years'*.

The UK Health Safety Agency (HSA) replied that there was no evidence that new strain of strep A was circulating, and that the increase was most likely due to high amounts of circulating bacteria and social mixing. What a pathetic and complacent opinion by a body charged with population safety! Not a mention of possible suppression of immunity, just ‘Keep smiling and carry on’. Two weeks later, December 16th, the UK HSA reported that there had been 7,750 cases of Scarlet Fever in the UK so far this winter, with at least 19 children dying. It issued a warning of a shortage of penicillin, but there was no suggestion of Vitamin D to optimise natural immunity. On December 20th the *Independent* newspaper reported that 24 children had died from Strep A.

Government complacency continued but the *Times* looked at a bigger picture. The increase in the number of different forms of infections led a headline in the *Times* on December 10th 2022: *Is an ‘immunity gap’ behind the winter surge in Strep A?* It was entirely correct to suggest that the population was experiencing a serious failure of immunity. A sudden epidemic of influenza was also putting a great strain on hospitals. We ended the year with a report on December 31st written by the *Guardian* science editor: *‘Flu continues to spread with number of hospital patients up 79%....The NHS is facing an upsurge in flu cases, with the number of patients in hospital in England up nearly 80% in the past week.... 3,746 people a day were hospitalised with flu in the seven days to 25 December, up from 2,088 a day in the week before... At the same week in November, only 520 flu patients were being admitted each day’*.

A headline in the *British Medical Journal* (February 4th 2023) stated: *‘This NHS crisis is unlike we’ve known’*. Many doctors and hospital managers express the opinion that the pressure on hospital beds is greater than at any time in memory. The BBC website as long ago as August 31st 2022 informed us of a *‘Record number waiting for a bed for more than 12 hours’*, and the situation was much later in the year.

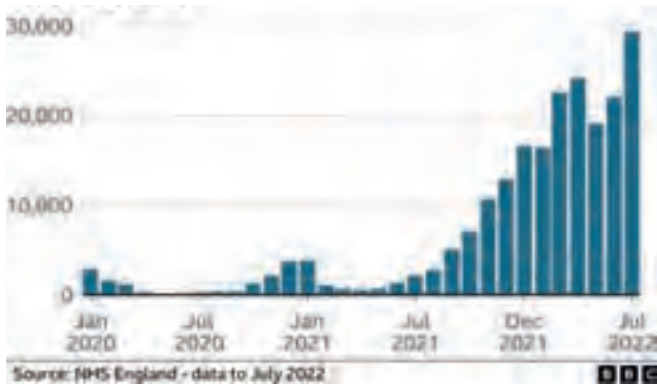


Figure 19(13) *BBC: waiting for a bed*

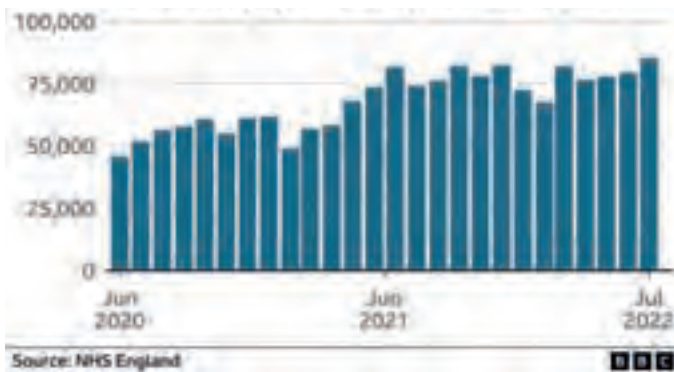


Figure 19(14) *BBC: emergency callouts*

The BBC also reported a 'Record number of [emergency ambulance] callouts for life-threatening conditions'. This, an increase from 50,000 to 80,000 per month (60% increase), was also reported on August 31st 2022.

Another condition with a rapidly increasing number of cases was Herpes Zoster, with clinical shingles. The condition results from the dormant chicken pox (varicella) virus being reactivated at a time of suppression of immunity. There are no national

numbers recorded, unlike with hospital admissions or deaths. Apart from anecdotes by doctors, there is a recent publication in the European Journal of Internal Medicine of a series of 39 people with varicella-zoster following Covid-19 and 179 people following vaccinations⁴⁴⁰. Varicella-zoster is far from a national emergency but it raises still further suspicions of suppression of immunity within the population.

Widespread increase in Heart disease

There also been a large increase in the number of people with heart disease or heart attacks. Inflammation of the heart, myocarditis and pericarditis, are accepted as being adverse events caused by mRNA vaccinations, but this is only part of the totality of heart disease. The Chief Medical Officer of the NHS, Professor Sir Chris Whitty, has acknowledged the unexpectedly large number of heart disease cases and deaths. His rather glib answer to the problem was that it is the result of *reduced availability of statins and tablets for blood pressure during the pandemic*.

This suggestion might have a little credibility and it could be researched easily. It might be expected that a person in the position of Chief Medical Officer with a large staff might make statements based on research and evidence, but that is not so. His statement was not backed up by research. First, it appears that most of the fatalities have been in people younger than would be expected to have been taking statins or other heart medications. It also turns out that there has not been a reduction of statin medications, but in fact a slight increase⁴⁴¹.

It took me just a few minutes to obtain this bar-chart from the Open Prescribing website. The opinion expressed by Chris Whitty was blatant mis-information, given by a very senior gov-

⁴⁴⁰[https://www.ejinme.com/article/S0953-6205\(22\)00270-9/pdf](https://www.ejinme.com/article/S0953-6205(22)00270-9/pdf)

⁴⁴¹<https://openprescribing.net/bnf/0212/>

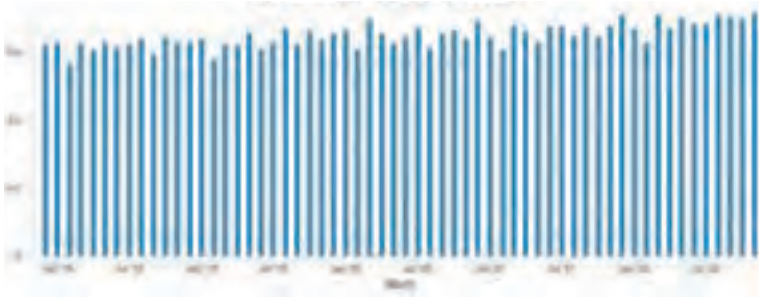


Figure 19(15) *Statin prescriptions, UK 2018 to 2022*

ernment officer. Was the misinformation based on ignorance (inexcusable), lack of interest (dereliction of duty), or a deliberate lie? There has been no retraction and there has been no published official investigation.

A global explosion of Sudden Unexpected Death

Now that we are in 2023, we can look back on a mysterious occurrence during 2022. There was a large number of sudden and unexpected deaths, especially in young healthy people. Governments and their medical agencies have been surprisingly and perhaps negligently silent on this topic. Although many sudden and unexpected deaths have been attributed to heart attacks or heart disease, there have been no official reports based on autopsy finds, and we would expect autopsy to be automatic under such circumstance. Does the official silence indicate that there is something to hide?

It was first noted in young sports-people. Perhaps the highest profile person was Shane Warne, the famous Australian cricketer. He died suddenly and unexpectedly on March 4th 2022 at the age of 52 years. He died after arriving in Thailand and autopsy revealed that he died 'of natural causes'. All that was certain is that his death was sudden and unexpected. He obviously had a

cardiac arrest, but without any underlying disease process. ‘*Natural causes*’ means not due to homicide or trauma. There were strong denials that it might have been the result of vaccinations, but as with the statin claim of Sir Chris Whitty, there was no evidence produced that would demonstrate that vaccinations were not to blame.



Figure 19(16) *The famous Australian cricketer, Shane Warne*

There were many sudden and unexpected deaths during 2022, but they appeared in newspapers as individual reports. Suggestions that they were caused by vaccinations were discounted as coincidences. Of course no conclusion can be drawn from an individual and each could have been a coincidence. But how many coincidences are accepted before there is clearly a pattern, a number of ‘coincidences’ that is clearly outside normal experience? Many if not most of the sudden deaths were in young people, and often in children. They were often involved in sports, for example a 19 year-old swimming instructor whose sudden

and unexpected death in Macclesfield, UK, was reported on January 28th 2023.

The *MailOnline* had carried a headline on January 30th 2022 ‘*Why are so many footballers collapsing?*’ It continued that ‘*A sports cardiologist insists it is not to do with Covid-19*’⁴⁴². There is a clear lack of objectivity and silence from public health bodies. Dr Sir Chris Whitty our Chief Medical Officer, has stated erroneously that the sudden heart deaths are due to the fact that during lockdown, people were not able to obtain their statin and blood pressure tablets. We have seen that this statement lacked any research or evidence base but was a simple way to explain away something that is very serious. I doubt if many 19 year-old swimming instructors or other young sportspeople would have been taking statin or blood pressure tablets. This cavalier attitude by the Chief Medical Officer was a disgrace. Curiosity was absent. FIFA has listed footballers who had died whilst playing, since 1889. In recent years the number had risen to about 10 per year, but in 2021 it was 21. It was only 3 in 2020 as sports events were stopped.

There have been some attempts to count the deaths. It has been reported unofficially (June 2022) that among athletes there have been 1090 cardiac arrests with 715 deaths. ‘*Sudden and unexpected death*’ is a ‘*problem*’, a temporary step in the diagnostic process of determined the underlying disease process (the pathology) and the cause of the death. Another estimate for the whole of 2021 and 2022 is 1150 deaths of 1650 collapsed professional and amateur athletes in the USA, with an estimated 90% vaccination rate⁴⁴³. There will be several possible causes. The immediacy of the death indicates a sudden trauma (a bullet for example, or a flash of lightning), or sudden fatal disturbance of heart rhythm (asystole or ventricular fibrillation). Sometimes

⁴⁴²https://en.m.wikipedia.org/wiki/List_of_association_football_players_who_died_during_their_careers

⁴⁴³<https://www.biznews.com/health/2023/01/16/sudden-death-athletes>

there is an underlying cardiomyopathy (HOCM in particular) and young professional sportsman have echocardiogram screening for this as it can cause exercise-induced collapse or death. In an older person there might be aortic stenosis. Excessive beta-blocker therapy can also cause collapse on exercise. There might also be inflammation of the heart muscle, myocarditis, which is acknowledged as being a side-effect of mRNA vaccines. There is also coronary heart disease (CHD) which was a major but unappreciated pandemic of the 20th century, deaths from which had virtually come to an end during the 21st century. Has the Covid-19 pandemic brought on an upsurge of CHD?

Sudden and unexpected deaths can also be the result of brain haemorrhage (spontaneous intra-cranial); pulmonary embolus (blood clot blocking blood circulation through the heart or lungs), or spontaneous rupture of the aorta (aortic dissection or aneurysm). **All such cases should have an autopsy and a coroner's investigation.** The point is that there should be a serious investigation of the 'sudden and unexpected deaths' collectively, effectively a forensic investigation involving collated autopsy results. Why have we not seen these? Do governments have something to hide?

The number of emergency calls for 'heart problems' will give some idea as to the reality of an increase in the number of sudden deaths. Data from the UK NHS West Midlands ambulance service indicates an 83% increase in 2022 compared to 2017. The increase was 14% in those below the age of 30 years. We do not have precise data on the number of sudden and unexpected deaths, but the number reported in the press and observed within sporting groups is clearly far greater than would be expected. The suspicion of a major problem is reinforced by Whitty taking the trouble to try to explain it away, unsuccessfully.

CHAPTER 20

TOWARDS THE NUCLEIC ACID VACCINE NEMESIS

Dr David Grimes

Excess deaths over those expected

If we do not have official numbers of sudden and unexpected deaths, we do have official numbers of total deaths, and from a large number of countries. In the UK about 600,000 people will die each year. In 2020 there was an excess of deaths over expected and this was understandable as there was a pandemic of a new infection. About three quarters of those dying were over the age of 70 years, and of these most were over 80. They could only die once, and so as is usually the case after a serious epidemic, it was anticipated that there would be a compensatory reduction in total deaths subsequently, in years 2021 and 2022. It was not to be. Instead, in the UK deaths in 2022 were up to 10% higher than the previous 5 year average, estimated at up to 60,000 by the end of the year. The 1,600 excess deaths in the Christmas week suggested that it might be even worse in 2023. We will need to wait to see if this happens.

This is a widespread phenomenon. In Australia the number of excess deaths in 2022 was twice that in 2021 with 11,068 excess deaths in 2021 and 22,730 excess deaths by week 38 of 2022. In contrast, in 2020 only 1,306 excess deaths were recorded at the alleged height of the Covid-19 pandemic and prior to the roll-out of the mRNA vaccinations. Europe had experienced many more deaths in 2022 than in 2020. In Germany excess deaths increased substantially in 2021 and 2022. Eurostat data shows the extent of the excess in December 2022⁴⁴⁴.

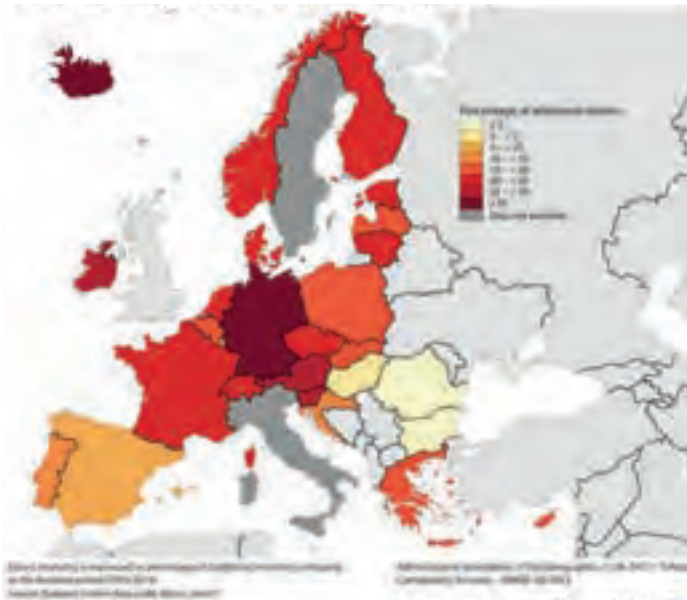


Figure 20(1) *Excess deaths in Europe in December 2022*

⁴⁴⁴ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Excess_mortality_-_statistics

UK NICE directs excess deaths. Guideline NG168

Something very strange happened in the UK in 2020. It was not acceptable for clinical doctors to use their judgement when treating their patients. For example they were not allowed in hospitals to use Vitamin D or its part-activated form calcifediol, nor were they allowed to use ivermectin or hydroxychloroquine, both of which were very effective as subsequent research showed. Clinical doctors were not expected to follow their previous education and experience, but were to be directed by NICE, the UK National Institute for Health and Care Excellence. On April 3rd 2020, when the pandemic was causing problems in UK hospitals, NICE issued guideline NG163. The title was '*COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community*'. Perhaps the intention was to reduce the number of Covid-19 patients admitted to hospital (without using the readily available Vitamin D, hydroxychloroquine and ivermectin). Norman Fenton, emeritus professor of risk at Queen Mary Hospital, London, has drawn attention to this NICE publication. Guidance paragraph 6 is of particular interest and concern. It is concerned with managing breathlessness, and states: '*Consider an opioid and benzodiazepine combination for patients with Covid-19 who are at the end of life, have moderate or severe breathlessness and are distressed*'. It continues: '*Sedation and opioid use should not be withheld because of a fear of causing respiratory depression*'. NICE recommends morphine sulphate as the opioid and midazolam as the benzodiazepine.

Perhaps we now have an explanation for the excess deaths in the second quarter of 2020. They will have been recorded as deaths from Covid-19, but in reality they would have been '*deaths from medical negligence by the doctors who were misguided enough to follow this guideline*', or perhaps '*euthanasia directed by NICE*'. We can remember seeing on the television Matt Hancock, UK Secretary of State for Health, encouraging the use of midazolam, and wondering why he was so misguided. I have

never previously been aware of ‘*end of life care*’ being applied to someone with an infectious disease. It might be standard practice in a hospice for those with irreversible cancer who are very close to death. In NG168, NICE states that opioids and benzodiazepines did not have (April 2020) UK marketing authorisation for the treatment of Covid-19.

All doctors must know that morphine and midazolam cause respiratory depression and can thereby cause death. Although the advice from NICE went against what the clinical doctors would have been taught, it would appear that the advice from NICE was followed. It can be seen from data taken from *open-prescribing.net* that prescribing of midazolam hydrochloride hit a sudden dramatic peak in April 2020.

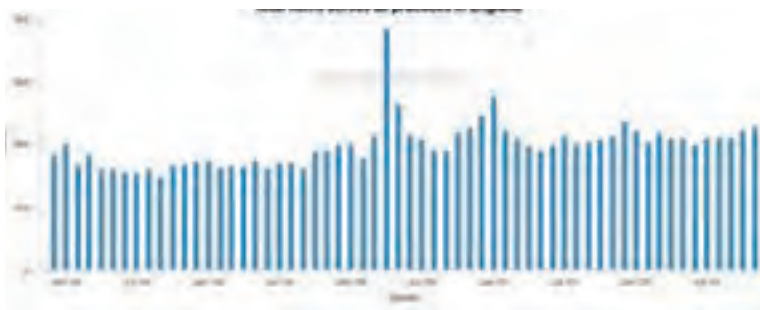


Figure 20(2) *Midazolam hydrochloride prescriptions in the UK*

The peak declined as no doubt doctors realised the great error of the NICE guideline and its encouragement by the (medically unqualified) Secretary of State for Health. It might be expected that with this knowledge, people whose close relative ‘died from Covid-19’ in April and May 2020 would be interested to know if the deceased had been prescribed midazolam and morphine a few hours before breathing ceased. The above bar-chart⁴⁴⁵ records just

⁴⁴⁵<https://openprescribing.net/chemical/1501041T0/>

midazolam use in the community, which includes care homes. The use in hospitals is not readily available. NICE NG163 has recently been deleted from the web but can still be found on the web archive at the link below⁴⁴⁶.

Excess deaths in Germany

A detailed analysis of data from Germany has been undertaken by Christof Kuhbandner of Universität Regensburg and Matthias Ritzler of Universität Osnabrück. Their paper *'Excess Mortality in Germany 2020–2022'* contains a great deal of information in its 80 pages, with good graphical presentation in addition to numbers and statistical analysis⁴⁴⁷. The data is taken from the Federal Statistical Office of Germany, with life tables provided by the German Association of Actuaries. This is not, therefore, what is often labeled as 'misinformation'. In the Figure the baseline is the mortality data from 2016 to 2019, and variations from this by age group are shown for the years 2020, 2021, and 2022.

Despite the pandemic of Covid-19 during 2020, excess mortality was not great. There were a total of 4,015 excess deaths, just 0.41% above the average of 2016 – 2019. In young people the numbers of deaths were less than in previous years. The most likely explanation would be 'lockdown', during which schools and universities were closed, journeys in cars were curtailed and holidays cancelled. Life was much more simple and safe than in previous years, but perhaps not such good fun.

Although the numbers of Covid-19 deaths were felt to be very great during 2020, there was no excess of deaths in the 80–90 age group, and very little excess in those 90 and older

⁴⁴⁶<http://web.archive.org/web/20200409091643/https://www.nice.org.uk/guidance/ng163/chapter/3-General-advice-for-managing-COVID-19-symptoms>

⁴⁴⁷https://www.researchgate.net/publication/362777743_Excess_mortality_in_Germany_2020-2022

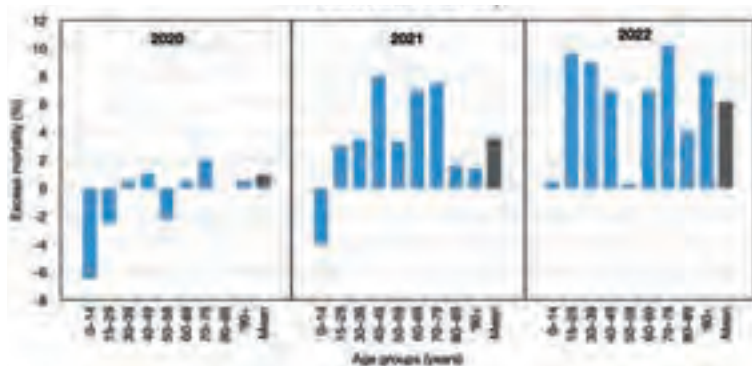


Figure 20(3) *Excess deaths in Germany*

(0.5%). This might appear to be very strange. There is a good reason in that these age-groups are close to death, and it was the elderly frail who were very close to death, who had ‘one foot in the grave’, and who died from Covid-19. They would have died without Covid-19, as the data indicates very clearly. During the whole of 2020 with the ‘terrible’ pandemic, the age-group mean was only 0.5% above that expected from the experience of the previous four years.

During 2021, with lockdown continuing, the mortality among children (less than 15 years) was 4% lower than in the previous four years. But there was excess mortality in all other age-groups, 8% excess in those aged 40-49 years, and 3.43% excess as the overall mean. The elderly (80+) had an excess mortality between 1% and 2% in 2021. Total deaths were clearly many more than in 2020. The expected number of deaths in German actuarial tables for 2021 was 989,707 but there turned out to be 1,023,687. There were therefore 33,980 excess deaths in 2021. Of these, 14,504 were in the age-group 70-79. These numbers are considerable and should not go unnoticed. The excess deaths were greater again during 2022. The Actuarial tables anticipated 998,545 deaths, but there were 1,061,176. This is an excess of 62,632 deaths in total, 6.27%. There were 19,132

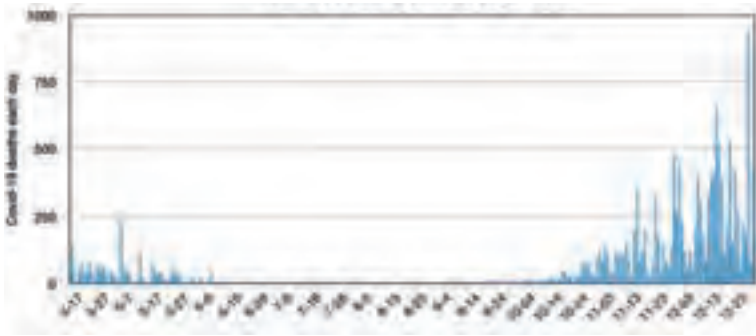


Figure 20(4) *Germany, Covid-19 deaths each day, 2020*

excess deaths in the age-group 70–79, a 10.27% excess. The total excess deaths for the year were approximately twice the number who died in the earthquake in Turkey on February 6th 2023, but when spread over the year are not so noticeable. The lack of excess deaths people of ages 50 – 59 has no rational explanation.

The question remains as to the reason for these undoubted and significant excess deaths. We obviously need to consider events to which the populations were exposed, not just of Germany but of other countries. Two were obvious: the Covid-19 pandemic, and the very extensive mRNA vaccinations. There were no natural catastrophes or additional infections of pandemic proportions that had been noticed. We can see the number of Covid-19 deaths in Germany using data from Worldometer.

The number of deaths in early 2020 caused panic throughout the world, but in retrospect actions taken at the time seem to have been greatly exaggerated. Once again the suppression of deaths during the summer months is very obvious, the result of Vitamin D enhanced escalation of immunity. The total number of Covid-19 deaths in Germany during 2020 was only 4,015 (0.41%) above previous years, and so it can be concluded that about 11,500 of 15,781 Covid-19 deaths were in people who

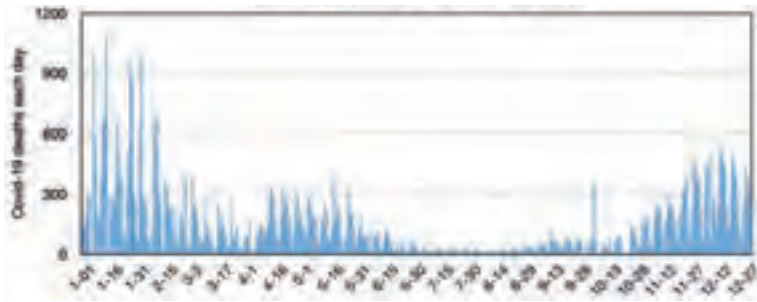


Figure 20(5) *Germany, Covid-19 deaths each day, 2021*

were expected to die within the year and would have died without the pandemic.

It can be seen that there were many more Covid-19 deaths during 2021 compared to 2020, a total of 55,283 Covid-19 deaths. Perhaps those who were very close to death had died in 2020. Had the vaccinations given during 2021 been effective we would have expected fewer Covid-19 deaths than in 2020, but the number was three times as many. There were 33,980 excess deaths in 2021, and these could have been accounted for by the Covid-19 deaths. The summer suppression of Covid-19 deaths can be seen as in 2020, but the increase later in the year is disturbing.

The extra deaths in the elderly could be accounted for by Covid-19 deaths. However this cannot be the case for young people, in whom death from Covid-19 was exceptionally rare. Figure 20(3) shows that in 2020, in the 0–14 age group there were 225 fewer deaths than expected (-6.4%); in 2021 145 deaths fewer than expected (-4.1%); but in 2022 an excess of just 10. From 2020 to 2022 there was thus an increase in deaths by 235. Similarly in the 15–29 age-group, a deficit of 100 deaths became an excess of 360 deaths, an overall increase of 460 deaths. In the 30–39 age group the number of excess deaths increased from 42 to 584. In the 40–49 age group the excess deaths increased

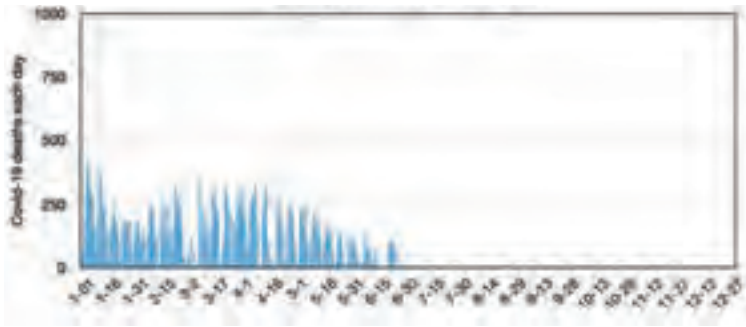


Figure 20(6) *Covid-19 deaths in Germany, 2022*

from 162 to 1052 between 2020 and 2022. These excess deaths will not have been the result of Covid-19.

Whereas in early 2021 there were almost 1,000 Covid-19 deaths per day in Germany, the number was less than half this in 2022. Half-way through the year, when the summer suppression of Vitamin D was appearing, Germany stopped reporting Covid-19 statistics on Worldometer, as though the number was at that time considered to be insignificant, or perhaps embarrassing. This was in common with many other countries. The UK stopped daily reports after March 2022, then sporadically for three months, then not at all. 24,934 Covid-19 deaths had been reported for 2022 when reporting stopped. On an annualised basis this is only marginally less than 2021. Once again this must cast considerable doubt on the media-reported effectiveness of the mRNA vaccinations. Most countries had stopped reporting Covid-19 data by the end of the year. The total number of excess deaths in Germany during 2022 was 62,632, with 24,664 Covid-19 deaths reported. Either Covid-19 deaths were twice as many as reported or there were 37,968 extra deaths that were not accounted for by Covid-19 deaths. If the first, then the mRNA vaccinations were ineffective, or if the latter it is likely that they were causing fatalities.

Information from US Insurance Organisations.

When an individual dies a number of actions must take place. A Death Certificate must be issued, and this will record the cause of death at the best level of understanding at the time. ‘*Sudden death*’ or ‘*Cardiac arrest*’ must be supported by the underlying disease process, perhaps ‘*Coronary Heart Disease*’. If the sudden death was unexpected then the Coroner would authorise an autopsy.

There will be many financial effects on the dependents. It might be that the sudden and unexpected death was of a working man whose wife and children depended on his income, and so this would be a great economic as well as emotional shock to the family. A way of prospectively minimising economic disadvantage would be to take out a life insurance policy, and this might be supported by the employer. The economic damage would then be incurred by the insurance company. Insurance companies have been benefiting from life insurance policies on working men who have had a very low and steady mortality rate. But this changed in 2021, as described by Edward Dowd, a former insurance executive.

The importance of All Cause Mortality

Black Rock is one of the world’s largest insurance organisations and finance institutions. In 2002 it recruited Ed Dowd and promoted him to Managing Director. He directed the Growth Fund from \$2 billion to \$14 billion by the time he left Black Rock in 2021. He was in an excellent position to understand markets, analyse statistics and trends. Ed Dowd realised that something was going wrong and that far more young people were dying suddenly than would be expected from historic trends. This is something that public health officials should have brought to public attention. They saw and must have collated death cer-

tificates, but they remained silent. Not so Ed Dowd, who analysed the data from a variety of public sources and brought the analysis to public attention himself⁴⁴⁸. *‘From February 2021 to March 2022, millennials experienced the equivalent of a Vietnam War, with more than 60,000 excess deaths. The Vietnam War took 12 years to kill the same number of healthy young people we’ve just seen die in 12 months’*.

Whereas public health bodies are concerned with the causes of deaths, insurance companies pay out on death from any cause, and death is binary. A person is either dead or not dead. Dowd was concerned with ‘all cause mortality’, the number being non-controversial. He noted that during the third and fourth quarters of 2021, death in people of working age (18–64) was 40% higher than it was before the pandemic began. The majority of deaths were not attributed to Covid-19. He was aware of the large number of healthy teenagers and young adults dying in their sleep without obvious reason, collapsing and dying on family outings, falling dead while playing sports, at school, or while at work. Dowd describes many of these, with photographs and individual news reports, but public health bodies have not counted the bodies, at least not with openness to the general public.

People will say *‘There have always been deaths of athletes’*, trying to obliterate from collective memories the tragic deaths of so many at present. This is of course true, but it is question of adding up the numbers. This is what insurance companies, actuaries and public health bodies must do. It is only by adding up the numbers that trends can be seen. Dowd brings to attention the Lausanne Study of deaths of active athletes. Between 1966 and 2004 (38 years) there were 1101 deaths of athletes, an average of about 29 per year. Since June 2021 there has not been a single month with fewer than 29 deaths. There were 90 deaths of

⁴⁴⁸ *‘Cause unknown’ The epidemic of Sudden Deaths in 2021 and 2022.* by Edward Dowd. Children’s Health Defense, Skyhorse publishing, 2022.

athletes in December 2021, and about the same in the following month.

Sudden deaths of sportspeople are visible and high profile. We do not really know the risk of sudden death in athletes compared to the majority of non-athletic people. We are told that exercise is good for us and our hearts. This might have been true before 2021 but it does not seem to be the case now. The number of deaths in sportspeople has been much higher in 2021 and 2022 than has been the previous experience of many people involved in sports. Even though they have not documented the numbers, their observations should be taken seriously.

Dowd reminds us that national leaders such as President Biden told us that *'If you take the vaccine you are protected from Covid-19 and you cannot spread Covid-19'*. The vaccine was *'Safe and Effective'*, but the evidence was lacking. When people who were vaccinated developed Covid-19, they were called *'breakthrough cases'*, a euphemism for the vaccines not providing protection. And the vaccines did not prevent transmission. We were told that they prevented serious illness and death, but without robust supportive evidence. President Biden told us that *'You're not going to get Covid-19 if you have these vaccinations'*, but after four vaccinations he had this infection twice, as did his wife.

VAERS again, and the Florida Department of Public Health

Evidence was emerging that the vaccines are not safe. The US Vaccine Adverse Events Reporting System (VAERS) was set up decades ago for post-marketing surveillance of vaccine safety. Almost 1.5 million reports of adverse reactions following Covid-19 vaccinations was out of proportion to anything experienced previously, but serious and concerned people who highlighted this were called *'antivaxers'* and dismissed out of hand. It is considered that only about one per cent of adverse reactions are reported to VAERS, the main reason being the complexity of making a



Figure 20(7) *Florida: VAERS reports*

report. In early February 2023 the Florida Department of Public Health issued an urgent warning concerning the large number (41,473) of VAERS reports that had occurred after the vaccine roll-out. Obviously something serious was happening, especially in the year of most vaccinations against Covid-19.

The report from Florida mentions life-threatening cases but not fatalities⁴⁴⁹. The reports of a large number of sudden and unexpected deaths reported in many countries in 2021 requires an explanation. What happened suddenly on a very large scale in many countries starting abruptly at the beginning of 2021? The only answer that is a realistic possibility, or indeed probability, is the vaccination roll-out, and we can see from Florida that a large number of adverse reactions to the vaccinations occurred. Dowd considers that the excess non-Covid-19 deaths in 2021 and 2022 must have been the result of Covid-19 vaccinations and that there is no other rational explanation. He charts the VAERS data concerning vaccine reported deaths by days following Covid-19 vaccination. This can be seen in Figure 20(8), which also shows for comparison the number of deaths following Flu vaccines. Had these been coincidences the number should

⁴⁴⁹https://www.floridahealth.gov/newsroom/2023/02/20230215-updated-health-alert.pr.html?utm_source=substack&utm_medium=email

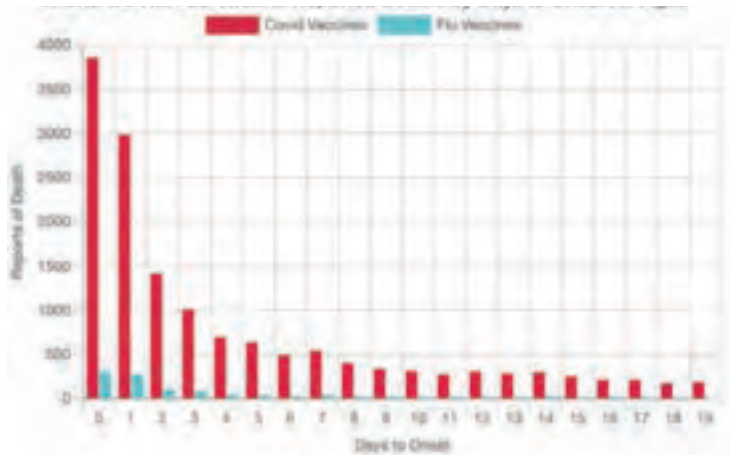


Figure 20(8) VAERS: Covid/Flu reported deaths by days of onset, all ages

have been the same on each day, and the number equal for the two vaccine groups. This was not so, indicating causal relationship, not coincidence. This is not difficult to understand but it is not officially acknowledged.

The sudden deaths are often reported as ‘heart attack’, a term that has no pathological meaning. However we must take notice of it in the hope and anticipation that in the near future we will be able to see summary pathology findings, assuming autopsies took place.

In Figure 20(9) we can see heart attack reports in the days following vaccination. It is not clear how many of them were fatal. However what is very clear is that they were not coincidences. As with reported deaths, if they had been coincidences there would have been the same number every day. Coincidences are random, not clustered. This is the problem. Heart attacks and deaths can occur without vaccinations, and so how do we decide if a heart attack or death (or other event) occurring after vaccination is the direct result of the vaccination or just a coincidence? We are obviously unable to form a conclusion in an individual case but

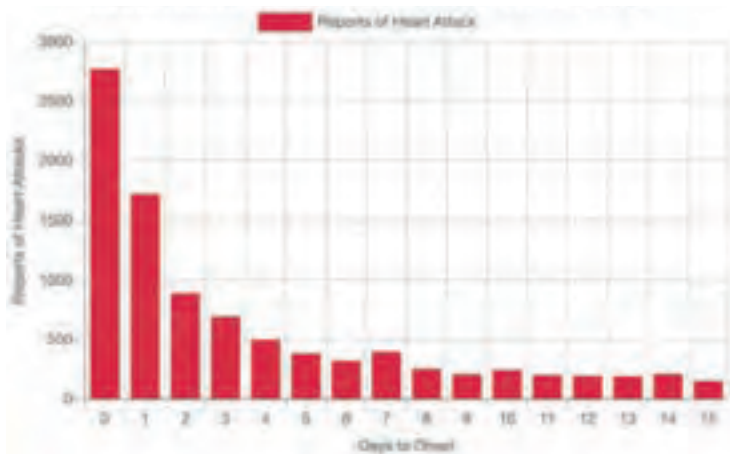


Figure 20(9) VAERS: Heart attack reports by days of onset, all ages

it becomes obvious if we collate larger numbers of cases, as in the above Figures. Approximately 2,800 deaths on the day of the vaccination cannot be judged to be coincidental if the number of deaths is usually, well what? A much smaller number. The 2,800 deaths on the day of the vaccination must be related to the number of people vaccinated on one day, but again we do not know this number. It can only be provided by public disinterested health officials, who have, however, been silent.

Who pays compensation?

We need to return to the US life insurance industry. Dowd tells us that in the first week of January 2022, OneAmerica CEO Scott Davison made a comment to a Commerce meeting, which was picked up by some media outlets: *‘We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica. The data is consistent across every player in that business.... The huge, huge numbers are primarily working-age*

people 18 to 64. The insurance group was also seeing an increase in long-term disability claims.

Actuarial analysis showed that ages 25–44 experienced an acceleration of excess mortality into the second half of 2021 to new all-time highs of 84% above baseline. The dead and disabled generally had group life insurance plans through OneAmerica. OneAmerica and other insurance organisations had to pay what was due to long-term disabled and the estate of the deceased. They took a huge financial hit. But if these deaths, or the great majority of them, were the result of vaccinations, then the vaccine manufacturers should take the financial hit. But they (Pfizer, Moderna, Janssen) had been given indemnity by the US federal government, as a result of which the government would take the financial hit and the vaccine manufacturers would be smiling.

However, and it is a big ‘however’, if the vaccine manufacturers have not been honest, if they have withheld important information concerning safety of the vaccines, then the indemnity agreement would be null and void. **Pfizer, Moderna, Janssen would have financial liability after all.** There is therefore going to be a three-way fight between insurance organisations, pharmaceutical companies and the US Government. Who has the biggest clout? Can the vaccine manufacturers be forced to come clean concerning their alleged safety data? The stock markets are getting wind of this, and Pfizer’s stock value has fallen dramatically. The stock value of Astra Zeneca has also fallen substantially.

It turns out that in the initial Pfizer vaccine trial after six months there had been four cardiac arrests in the vaccination group but only one in the placebo group. The numbers were said to be *‘too small to be statistically significant’*. Perhaps, but they were clinically significant. They should have caused concern and been followed up. Instead the placebo group was offered the vaccine!

When it comes to compensation payment to the estate of those who have died due to vaccination (and this must be defined), the UK government has increased the standard one-off payment from its historic £70,000 to £120,000. This will not go far to

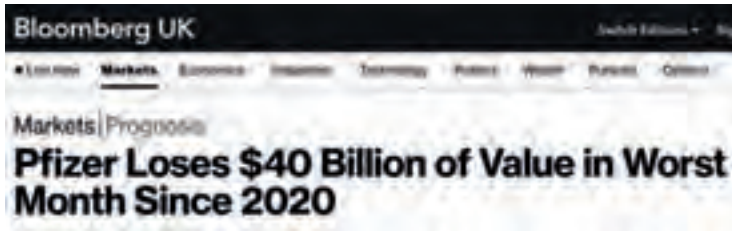


Figure 20(10) *Bloomberg UK headline: Pfizer stock*

support a young widow and her young children. A death in hospital due to medical negligence (again to be defined) would result in a compensation payment in excess of £1 million. A very large difference. It is clear that the compensation process has a long way to run, and that the lawyers are likely to be the main beneficiaries.

Yet more problems: for women, pregnancies & childbirth

Throughout the vaccine roll-out many women have reported disordered menstruation following vaccination. They have generally been ignored (as women so often are in respect of gynaecological problems) but objective assessments have shown that the problem is real, even though not in itself dangerous.

A survey in the UK in early December 2021 found that 20% of women experienced menstrual disturbances following mRNA vaccination. 66% of post-menopausal women experienced abnormal breakthrough bleeding. An Italian study recorded menstrual disturbances in 55–60% of women of reproductive age following vaccination. These menstrual irregularities should have been taken seriously as they might suggest ovarian malfunction.

As described already in chapter 2, from early in pregnancy ACE-2 receptors are present and active in both maternal and fetal components of the placenta. During 2020, early laboratory assessment in Japan indicated that following vaccination the

spike proteins, carried in lipid nanoparticles, became concentrated in the ovaries. This was an important warning sign of possible future problems in women, perhaps infertility, but this important observation was ignored.

Since the tragic introduction of thalidomide in pregnancy, with its horrendous adverse event of embryonic teratogenicity, there has been great caution in giving new medications to pregnant women. Caution seems to come to an end with the roll-out of Covid-19 mRNA vaccines. Despite the warnings from Japan, the emergency use authorisation (EUA) of the new vaccines was soon extended to include women who were or might become pregnant.

On July 30th 2021, The Guardian newspaper carried the Headline '*Expectant women urged to get jab amid rise in hospital admissions*'. On August 4th, Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, was quoted as saying: '*Vaccines save lives, and this is another stark reminder that the Covid-19 jab can keep you, your baby and your loved ones, safe and out of hospital*'. Where was the caution of someone in her position? She was clearly unable to analyse data and to realise when vital data was absent. To state that vaccines save lives was premature and inaccurate. There is also the comment '*keep...safe and out of hospital*', implying that vaccines prevent transmission, the evidence for which was absent then and subsequently found to be false information. Then another headline quoted Carrie Johnson, the new wife of the UK prime minister at the time. Boris Johnson used her authority to urge vaccines during pregnancy. She was obviously being used by those whose policy was to vaccinate as many people as possible. Clearly she would not have known the implications of her statement and the absence of supportive information. The sad thing is that Carrie was unaware that her own recent miscarriage might well have been the result of her first vaccination, but the timing is not known to us.

'Primum non nocere' ignored yet again

'Primum non nocere', 'First do no harm'. This is and must be at the front of the minds of practicing clinical staff, and a constraint upon reckless introduction of something new. This is particularly true in the case of pregnant women. We know from the thalidomide story how things can go wrong, and that rigorous testing is necessary.

A randomised controlled trial (RCT) of mRNA vaccination in pregnancy would have been ideal but there was no randomised controlled trial (RCT) prior to the introduction of the vaccines, remembering that this was entirely new biomedical technology. The purpose of an RCT would have been to demonstrate safety or otherwise of the vaccines, effectiveness in respect of protection against a mild (in this age-group) and apparently non-teratogenic virus being of secondary importance. Setting up of an RCT would have been a challenge as the participants would need to give informed consent, and as women in early pregnancy must be very cautious, consent would not be forthcoming. As usual with an RCT, although ideal in theory, in practice poses many practical and ethical restrictions. And so the new mRNA vaccinations were introduced without full testing and just hoping for the best. It might be year before post-marketing observational studies delivered results.

We were, however, provided with an observational study that was published in the prestigious *New England Journal of Medicine*⁴⁵⁰. To speculate how such a rubbish paper was accepted by peer review is very interesting; perhaps it has something to do with the take-over of Medicine by the Pharmaceutical Industry. In this study the manufacturers of the vaccines were either Pfizer-BioNTech or Moderna.

The study was taken from a database of 3958 participants in the 'V-Safe Pregnancy Registry', the study identifying 827 wom-

⁴⁵⁰<https://www.nejm.org/doi/full/10.1056/nejmoa2104983>

en who had been vaccinated and who had completed pregnancy. Of these 700 had been vaccinated only in the third trimester of pregnancy, too late for teratogenic embryonic damage to have occurred. It was also at a stage in pregnancy that miscarriage cannot occur, just premature birth. By definition miscarriage is before 20 weeks.

The overall pregnancy loss was 115 (14%), 104 miscarriages, 1 stillbirth, 10 induced abortion or ectopic pregnancy. If this is based on 827 women the numbers are disturbingly high, but the paper does not make it clear where these numbers came from. There were apparently 1132 first trimester vaccinations and these women would have been vulnerable to possible vaccine damage, but their outcome is not reported. It was impossible to determine safety of vaccination during early pregnancy in this study. It was completely unhelpful. More detail is given on my Blog⁴⁵¹.

Government Vaccination again

The September 2022 report of the UK government's MHRA (Medicine and Healthcare products Regulatory Agency) stated that '*...healthcare professionals are advised to rule out known or suspected pregnancy prior to vaccination. Women who are breast-feeding should also not be vaccinated*'. This extract was brought to attention by the BBC, but a Government spokesman claimed that it was not true, and that the report did not state this. His claim was not true (misinformation) as it was clear in black and white in the on-line September report. In the updated report of February 3rd 2023, which replaced the September 2022 one), we are reassured that the mRNA vaccines given in pregnancy and to breastfeeding women are safe and effective. However the

⁴⁵¹<http://www.drdaavidgrimes.com/2021/08/covid-19-vaccination-and-miscarriage.html>

important point is that advice up to September 2022 to avoid these vaccinations during pregnancy and breastfeeding was ignored. Against official advice vaccinations continued to be given to pregnant and breastfeeding women^{452 453}.

Neonatal deaths in Scotland

Interesting information has come from Scotland. It was announced by the Scottish Government on September 30th 2022 that *Public Health Scotland* had identified excess neonatal deaths, and that *Healthcare Improvement Scotland* had been commissioned to investigate. In particular there had been two specific spikes of neonatal deaths.

The first spike had occurred in September 2021, when at least 21 babies below the age of 4 weeks had died. The second was in March 2022 when at least 18 babies below the age of 4 weeks had died. The expectation would be 2 neonatal deaths per 1,000 live births, but Scotland had experienced 4.9 in Sep-

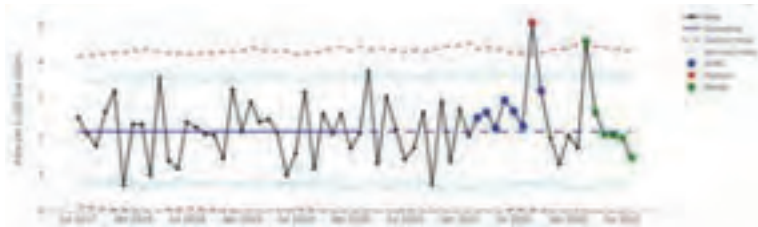


Figure 20(11) *Scotland: two spikes of neonatal death in 2021 and 2022*

⁴⁵²<https://www.hartgroup.org/safety-concerns-re-covid-19-vaccinations-in-pregnancy/>

⁴⁵³<https://www.heraldscotland.com/news/23028843.covid-scotland-vaccines-ruled-cause-neonatal-deaths-spike/>

tember 2021 and 4.6 per 1,000 in March 2022. This was clearly alarming and demanded an investigation. Just 10 days later The Herald Scotland was able to ‘reassure’ the population that vaccines ‘had been ruled out’ as the cause of the neonatal death spike. How such a confident conclusion could have been reached after such a short time as 10 days was either impressive or puzzling, but all was to become clear. It turned out from Freedom of Information requests that the conclusion was reached without checking whether any of the infants’ mothers had received the ‘jab’ during pregnancy. This is almost beyond belief in a nation with such a strong scientific and medical tradition, but of course medical science has undergone a serious deterioration during the pandemic. The so-called experts stressed that there was no ‘plausible’ link between mRNA vaccines (minimally tested) and adverse outcome from pregnancy that would justify investigating maternal vaccination status. The lack of transparency of such an important investigation into the deaths of 39 babies can only be described as criminally negligent.

Public Health Scotland (PHS) said its consultants had given ‘careful consideration’ to the ‘potential benefits and harms’ of carrying out such an analysis as part of their probe into the tragic deaths of 39 infants. It suggested that ‘*identifying the vaccination status of the mothers, even at aggregate level, would result in those individuals and others close to them would be of no value*’. PHS continued: ‘*The outcomes of such analysis, whilst being uninformative for public health decision making, had the potential to be used to harm vaccination confidence at this critical time*’. And again: ‘*We do not have any plans to examine maternal vaccination status, as there is no public health reason to do so*’. Believe it or not, this is non-fiction.

It was stated that none of the neonatal deaths was the (direct) result of Covid-19. Having failed to investigate thoroughly and failed to find an explanation of the 39 neonatal deaths, we might wonder if and why these investigators are still their jobs, and whether they can sleep at night. Where is the misinformation?



Figure 20(12) *Scotland: trends in infant mortality rate*

Some further investigation has been undertaken by a group of 66 mainly health professionals under the umbrella of the HART Group. In mid-November 2022 they sent an open letter to the Royal College of Obstetricians & Gynaecologists, the Royal College of Midwives, and the UK Health Safety Agency concerning safety of mRNA vaccines in pregnancy, drawing from and expanding the data from Public Health Scotland.

In Figure 20(12) we can see the cumulative infant mortality rate in Scotland for each of the years 2015 to the third quarter of 2022. It can be seen that the cumulative mortality rate was higher in 2021 than in all previous years. The right-hand points of the graph-lines show the total numbers. The graph-line for 2022 (red) is odd in that it becomes negative during the first quarter of the year. The only things that can reverse a *cumulative* mortality graph-line is resurrection or reclassification from dead to not dead. I fail to understand this dip, but subsequently the 2022 line is following the 2021 line.

Figure 20(13) illustrates the relationship between vaccination doses and Covid-19 cases in pregnancy (Mar 2020 to Jul 2022).

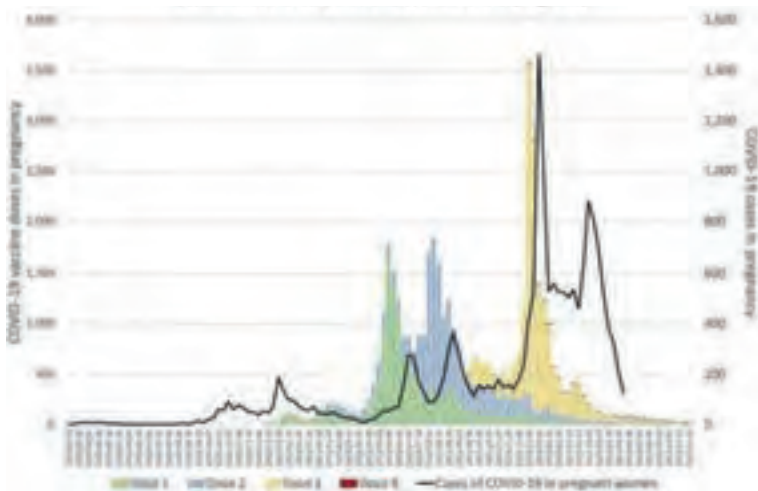


Figure 20(13) *Scotland: vaccinations and Covid-19 in pregnancy*

There were initially three smaller spikes of Covid-19 (solid line). The first was in early January 2021, when the vaccination roll-out began. The second, in July 2021, clearly followed the major roll-out of first vaccinations. The third spike was in August 2021 when the second vaccinations were given. The fourth spike was immediately after the third vaccinations. The number of cases remained quite high until fourth wave, following which, as the vaccinations came to an end, so did the cases of Covid-19.

It is far from obvious that the vaccinations had any protective value, and as in many western Pacific nations that we have seen, vaccinations appeared to increase the Covid-19 cases. The peaks of neonatal deaths coincided with the peaks of vaccinations and Covid-19 cases. PHS was very clear that the neonatal deaths were not caused by Covid, and so causation by vaccinations becomes very plausible.

In Iceland there were 8 stillbirths in 2020 and 17 in 2021. Remember that the population is small. The increase is from 2.0

to 3.5 stillbirths per 1,000 live births⁴⁵⁴. In England and Wales the stillbirth rate in 2020 was 3.8 per 1,000 births, increasing to 4.1 per 1,000 births in 2021⁴⁵⁵.

Perinatal deaths in England and Wales: avoid the coroner

A strange report appeared in the UK *Daily Telegraph* on October 16th 2022 and the story also appeared on the BBC News website⁴⁵⁶. The story was that a number of people were very worried that their babies who had died shortly after birth had been classified as **stillbirths**, meaning that they had died before birth. The bereaved mother were convinced that they had held living babies, one for as many as five days, others for minutes or hours. The babies identified by *The Telegraph* should have been recorded as **neonatal deaths** but staff claimed that they were stillbirths. Six babies were wrongly described as stillborn. Why was this?

There appeared to be no reason to doubt the mothers, and so were the hospitals trying to cover something up? The issue is perhaps the fact that if a stillbirth occurs it is generally bad luck, unless the pregnancy has gone beyond 42 weeks in which case the hospital might have been negligent for allowing it to happen. But neonatal death is more serious and is considered to be preventable, but not always. It must be followed by a detailed in-hospital investigation, and assembled into an annual national report. It must also be reported to the coroner who might decide to hold an inquest. *Life for the hospital staff becomes much easier if the death was before birth, a stillbirth.* The coroner has no jurisdiction over babies who exhibit no signs of life after birth. It must have been terrible for the mother who was aware

⁴⁵⁴<https://frettin.is/2022/04/29/andvana-faedingum-fjolgat/> 74% increase.

⁴⁵⁵<https://www.midirs.org/latest-news/news/2022/ons-data-shows-live-births-and-stillbirths-increased-in-england-and-wales-in-2021/>

⁴⁵⁶<https://www.telegraph.co.uk/news/2022/10/16/nhs-logging-baby-deaths-stillbirths-avoid-scrutiny/>

that the baby was born alive was then told that it had died before birth. The *Daily Telegraph* and the BBC were quite right to bring the story to attention. What resulted from this attention is not known. If there was something to hide, it could have been that the neonatal deaths were related to vaccination in pregnancy.

Stillbirths in Germany

The number of stillbirths within a nation can vary. We need to look at trends, with changes related to average numbers. The report of excess mortality in Germany (Kuhbandner and Ritzler, above) also provides information about stillbirths. We can see an obvious increase in 2021, but it is more useful to look at the excess number of stillbirths by year-quarter above the preceding average. Once again the phenomenon requires an explanation. What was happening in Germany in 2021 that resulted in an additional 200 babies being born dead? The only associated factor must have been inadequately tested mRNA vaccinations given to pregnant women⁴⁵⁷.

Declining birth rates

We have mentioned above that during 2020 in Japan it was identified that lipid nanoparticle components of the Pfizer vaccine that carry the mRNA are distributed and accumulate in the ovaries in significant concentrations. The information was obtained by detailed examination of some of the Pfizer documents. By far the highest concentration, 12.3 units, almost ten times the nearest other tissue, is in the ovaries.

⁴⁵⁷ https://www.researchgate.net/publication/362777743_Excess_mortality_in_Germany_2020-2022

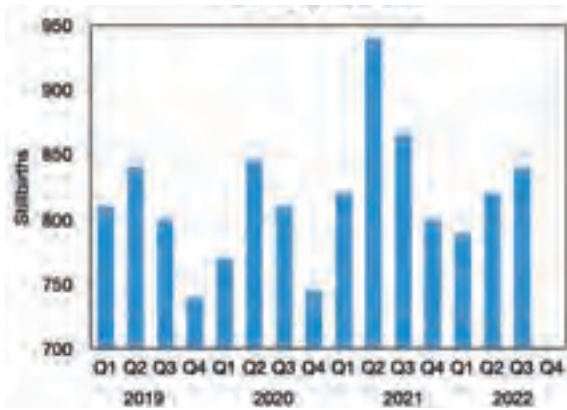


Figure 20(14) *Germany: Stillbirths 2019 – 2022*

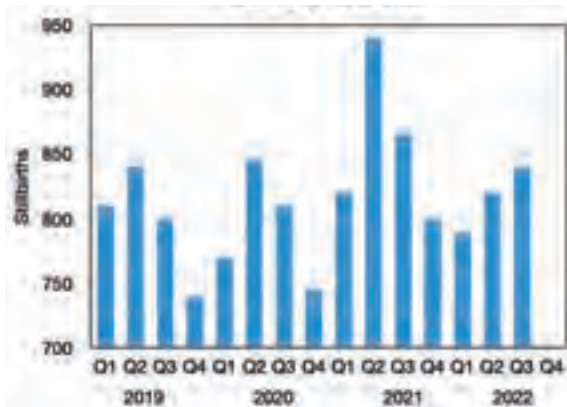


Figure 20(15) *Germany: Excess stillbirths 2021-2022*

This obviously led to concerns about the possibility of ovarian damage, and thus the possibility of sub-fertility occurring in future years. In respect of vaccination of young girls it would be many years in the future before the effects became known. It is a frightening prospect for the future. How many mothers were told of this fact (and it is a fact, documented but not publicised by Pfizer) when they took their daughters to be vaccinated with

the pretence that they were protecting not just themselves but their Grandmothers from Covid-19. But of course if damage were to occur it would be noticeable within a year of vaccinations of women of child-bearing age. And perhaps it is happening. There have been many reports of declining birth rates.

Studies from many countries show year on year declining birth rates from 2020, for example of 0.49% (UK), 0.45% (Hungary) 1.2% (Australia), and 0.9% (Germany). The French Institute of Statistics and Economic studies (INSEE) published on January 17th 2023 the demographic report for 2022. It reveals that there has also been a worrying drop in in the birth rate in France. In 2022 there were 723,000 babies born in France, 19,000 less than in 2021. In 2022 the birth rate was 'historically low' and the lowest since 1946. It reported also that in 2022 667,000 people died in France, 5,000 more than in 2021⁴⁵⁸.

Neurological damage from vaccinations

We have seen sudden and excess deaths and how they are related to the vaccination roll-out. Deaths are easily counted, but disability not so obviously. Much long-term disability is the result of neurological disease, of which there might not be national numbers. Clinical experts with great experience might give opinions based on their case numbers. The first serious neurological condition apparently precipitated by Covid-19 vaccination was **Transverse Myelitis**, mentioned earlier as affecting a subject in the Astra-Zeneca vaccine trial. It is a rare condition of destructive inflammation of the spinal cord, causing paralysis of the lower part of the body. Although it was considered to be a 'coincidence', more cases have emerged since. The story of vaccination roll-out has been a remarkable series of coincidences.

⁴⁵⁸ <https://fsspx.news/en/news-events/news/france-historic-drop-number-births-2022-79592>

On June 1st 2022 a UK study by University College London confirmed ‘small but significant’ cases of the serious **Guillain Barré syndrome** (GBS) associated with the AstraZeneca vaccine for Covid-19. Not just coincidences but recognised complications of AZ vaccinations. The US VAERS reporting system recorded 211 cases in 2021, usually occurring 8–10 days after mRNA vaccination. GBS is a paralytic condition of variable severity and duration, with damage to the peripheral nerves that emerge from the spinal cord. It can cause paralysis of breathing, requiring artificial ventilation. Those disabled in this way might be able to receive \$120,000 compensation from the government vaccine damage fund.

More common has been **Bell’s Palsy**, paralysis of one side of the face, resulting from damage to the facial nerve emerging from the brain. It is not life-threatening but very troublesome and disfiguring. Duration is uncertain but it can be permanent. The risk is acknowledged to be increased following vaccinations but the problem is not alarming to public health officials⁴⁵⁹.

There have been reports of an increased of incidence of **multiple sclerosis (MS)** in Australia. In 2021 the number of people with MS in Australia increased by 7,728, taking the total to 33,335. This is an annual increase of 30%, which is significantly higher than in previous years⁴⁶⁰. Once again the year of the mRNA vaccinations was not a good year for our health. There have also been case reports of **multifocal necrotising encephalitis**, a serious rapidly progressive deterioration of the brain function following vaccination. Although it would appear that mRNA vaccinations have the potential for direct neurotoxicity, neurological damage can also result from blood clots and haemorrhage affecting the brain. This was particularly the case

⁴⁵⁹[https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(21\)00222-2/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(21)00222-2/fulltext)

⁴⁶⁰<https://www.abc.net.au/news/2023-02-14/multiple-sclerosis-on-the-rise-in-australia/101967164>

with the AZ vaccine, and led to its removal from use. There have also been reports of unusual blood found in the circulation after death, and also evidence of *graphene* that has been used in the vaccines. There have been no official comments.

The role of the media: TNI – the ‘Trusted News Initiative’

It has been very strange and frustrating that there has been a clear lack of openness concerning Covid-19 and its origins, treatments that have not been used, vaccination damage that is not reported, sudden deaths that are not counted. Fortunately we have trusted internet sites that can be cross-checked and which can keep us informed. But there is continuing silence on these issues from the radio and television news services, from national and also local newspapers, from medical journals, Medical Royal Colleges and other bodies. It is as though there has been an almost complete lack of both knowledge and interest. Advice on Vitamin D, ivermectin and hydroxychloroquine has been trivialised and ignored. Vaccinations have been promoted uncritically. We have wondered why. Has clinical science been asleep? Has it descended to its lowest point? There has obviously been very successful collusion to keep from the public anything other than the official narrative descending from the government and its agencies. And it has been international. We now find out how it is being organised.

TNI is a coalition (collusion) of the Big Boys of Reuters Institute for the Study of Journalism, AFP (Agence France-Presse), The Washington Post, The Wall Street Journal, The Hindu, The BBC, The Canadian and Australian Broadcasting Corporations, The European Broadcasting Union (EBU), Associated Press, First Draft, Google, YouTube, Facebook/Meta, Microsoft, and (at least until recently) Twitter. They are ‘Pledged to work together to tackle harmful misinformation about Covid-19 vaccines’. Tony Hall, Director General of the BBC says: *‘The BBC*



Figure 20(16) A 'Trusted News Initiative'. Harmful to whom?

and all of our partners feel an urgent sense of responsibility to give everybody the very best, most accurate information, we can during this time of crisis. It's vital that we all have access to the facts so we know how to protect ourselves, our friends and families. These are challenging times for each and every one of us. We'll do everything we can, working together, to stop disinformation about Coronavirus in its tracks'.

We also read: 'News stories calling attention to unexplained sudden deaths among young vaccinated people are clearly bad for Pfizer, and bad for those encouraging mass vaccination. TNI companies work hard to eliminate such stories, while promoting information from government agencies and Pharma'.

A key member of TNI is James Smith, former CEO of Reuters news agency and a current member of Pfizer's Board of Directors. The words 'misinformation' or 'disinformation' have become the new Orwellian 'Newspeak' for anything different from what comes from governments and their agencies. Truth is no longer absolute, and Science is dead. Threatening questions must not be asked. The prestigious medical journal *The Lancet*

published a ‘blockbuster’ paper allegedly demonstrating ineffectiveness and possible dangers from hydroxychloroquine in Covid-19. It was not long before the *Lancet* had to acknowledge that the paper was completely fraudulent, and it was withdrawn⁴⁶¹. But the damage to truth had been done and hydroxychloroquine was not used. As described in the previous chapter, the truth about the benefits of Vitamin D were suppressed. Nothing other than the official narrative was allowed and many have died as a consequence. Which was the misinformation? The New Zealand government told its citizens: ‘*We will continue to be your single source of truth. Unless you hear it from us, it is not the truth*’. This takes us back to medieval religious dogma and intolerance. Misinformation includes not just what is said but also what is not said. The danger is that it means something that cannot be discussed in public.

⁴⁶¹ <https://www.theguardian.com/world/2020/jun/04/covid-19-lancet-retracts-paper-that-halted-hydroxychloroquine-trials>

CHAPTER 21

REPOSSESSION OF PLANET EARTH BY CARING BEINGS

Is the Covid-19 Disaster the climax of a global coup d'état

A coup d'état normally requires a conspiracy as well as an underlying shared reason. So is this disaster the climax, or at least the focus of a global *coup d'état*? And if so, who are the conspirators, and what is their reason? And are there people out there with the ideology and power to do so? And then, what would be their motive? It would need planning over time, so how long has it been in the planning stages? And what about the means? And how would such a group achieve their aims? We need of course to seek out the lowest common denominator, which in almost every human activity is money, in which the power depends upon the balancing of two opposing needs - those of the haves versus the have nots. Of course the donor is infinitely rich in relative terms, while the recipient is being paid through a variable component of money and fear. As we have seen a very strong smell of corruption pervades Covid-19.

Different forms of Corruption

Another element to put into this discussion is that corruption does not affect everyone in the same way. Let us for a moment consider Bill Gates. There is more than a slight suggestion from

his early altercations with his late friend, the brilliant and inventive Phil Allen, that Bill was driven from the start in his Microsoft period to succeed at all costs⁴⁶². This was the reason in the late 1990's that he was accused by the US Congress of restrictive practices, in the interest of generating profit for himself⁴⁶³. So following the Rockefeller example, and inspired by his own father, in the late 1990's Bill Gates decided to become a mega-philanthropist; he put a tidy fraction of his total wealth into good deeds and encouraged other billionaires (notably Warren Buffet) to do the same. He found an emotionally intelligent and convincing wife, Melinda French, and with Buffet they formed a charitable foundation that ostensibly sets out to improve the world. But all the time with an eye to recycling profit back into the Foundation, over which Bill essentially has full control. He sets out, in the words of Tom Lehrer, to do well by doing good, all the time exploiting weaknesses in the system. And Bingo! He strengthens his position by finding a mantra, and repeats it *ad infinitum*, namely to vaccinate the world against all virus and indeed other infections.

Emotional blackmail and Poliomyelitis Eradication

The excellent book edited by members of *Children's Health Defence*, with the cryptic title "**Turtles all the way down**"⁴⁶⁴, is a gold-mine of historical and scientific information on the growth of vaccines in the 20th century, and the penultimate chapter concerns the history of poliomyelitis, and how far removed the sanctified official version is from reality. The gospel version has it as being an infectious disease of the gastro-intestinal tract caused

⁴⁶²<https://thedigitalyug.com/stories/bill-gates-success-story>

⁴⁶³https://finance.yahoo.com/news/better-congress-zuckerberg-gates-155325918.html?fr=yhssrp_catchall

⁴⁶⁴<https://ca.childrenshealthdefense.org/medical/turtles-all-the-way-down/>

by an enterovirus that enters the circulation in some susceptible individuals and then attacks the anterior horn cells, to cause a flaccid paralysis. Unfortunately however this simple story doesn't fit with the history of poliomyelitis, which has a curious epidemiology quite atypical of normal infectious diseases. The early polio-like outbreaks in the 19th and early 20th centuries were largely rural, appeared in family clusters, and were linked to the use of Paris Green (a copper arsenate salt) as a fashionable dye and later to lead arsenate as an insecticide⁴⁶⁵. The case is made very strongly that the epidemiology of acute flaccid paralysis fits much better with a seasonal and local environmental toxin than a communicable disease. Both arsenic and lead are recognised to cause a polio-like acute flaccid paralysis.

Bill Gates uses live vaccine versions of poliomyelitis too dangerous to use in the USA, as a convenient and superficially convincing way to piggy-back onto a genuinely altruistic charity, namely the Rotary Foundation. With time this became less convincing as less tested vaccines that are no longer accepted in America were rolled out in the third world, and vaccine poliomyelitis rocketed in India and the rest of the Third World. Mr Gates' lack of any sense of the ridiculous has recently even manifested itself by his declared aim to make a vaccine that is specifically targeted against his own recently touted rogue Vaccine Strain!⁴⁶⁶.

So this form of corruption depends upon creating an illusion of sanctity through emotional laundering of riches dubiously accrued in the course of legal or near-legal business practices. Another form of abuse is that of position and ones own wealth by buying influence in the press and media, which we should remember have been extensively privatised. Of course it also depends on corruption on the part of the media moguls paid to

⁴⁶⁵<https://www.esquiremag.ph/the-good-life/pursuits/paris-green-history>

⁴⁶⁶<https://www.gatesfoundation.org/our-work/programs/global-development/polio>

cancel any serious discussion of natural immunity. This process is realised by regulatory capture of the organs of control, and biased research support for example by the UK's Gates-funded Wellcome Trust⁴⁶⁷. In the course of a pandemic the mainstream media was facilitated by use of Spi-B psychological techniques, advocated by SAGE to inflate risks and numbers to drive the dominant financial model with fear as an instrument of policy. We had Gates saying '*For the world at large, normalcy only returns when we've largely vaccinated the entire global population*', and Bush, Clinton and Obama '*these vaccines will protect you and those you love from this dangerous and deadly disease*'!

Two opposing versions of the so-called 'Great Reset'

1. The WEF Schwab-Gatesian Transhumanist Reset

This version holds that the solution has to lie within the power and vision of the wealthy and Big Business, which, in the context of SARS-CoV-2 means Big Pharma. '*There is an urgent need for global stakeholders to cooperate in simultaneously managing the direct consequences of the COVID-19 crisis*'... thus speaks the World Economic Forum⁴⁶⁸. It seems we can agree with the WEF over at least one thing. The financial system cannot be allowed to continue *ad infinitum* as it is; change is needed, however you look at it. It is just what kind of change? As they see it, we the impecunious majority are mere evolving mortals without finance or human rights and therefore have to follow their hyper-pecunian rules; and to achieve this, we will be granted licences to live, within strict guidelines and monitoring dictated by the ultra-rich. After their **Great Reset**, they say, we will own noth-

⁴⁶⁷<https://expose-news.com/2022/10/11/gates-wellcome-trusts-global-vaccine-fund-lacks/>

⁴⁶⁸<https://www.weforum.org/great-reset>

ing but be happy⁴⁶⁹. And with the Gatesian model we are to be merged with 5G machines, and implanted with devices in a great technological reset. Natural evolution in the post-Darwinian meaning of the word will be a thing of the past. This is very much in the pattern of George Orwell's 1984, and the Covid-19 lockdown has confirmed just how far most people will go to comply with authority, however illegitimate it is. Emergencies, we now know, demand emergency solutions, and corners are there to be cut. If in the process they end up reducing the world's population, so be it; well they make no secret that they believe the world is over-populated, so that would surely be an acceptable side-effect?

We counted 853 listed partners on the World Economic Forum website, all of them primarily committed to their shareholders who in turn are motivated to increase the value of their shares. Of course, many shareholders do also have consciences, so they are constrained to cover their actions with a climate crisis obsession model that fits their particular needs, and salves the conscience of their family members.

2. The Great Biology Reset; Vitamin D and Natural Immunity

Our counterveiling model argues that our species is and will always remain a part of biology, and as such we should obey its laws, under which of course our species evolved. We are able, if we try hard, for the first time to understand how our species has survived and developed thus far. We authors grew up during and after the Second World War, and we have been privileged to look through a very narrow crack in time, when science was permitted to shine uncensored light on truth. And we count ourselves fortunate to have benefited from this, first from studying biology in an era when truth could speak for itself in open debate. We were always taught to work from first principles. Thus,

⁴⁶⁹<https://www.americaoutloud.com/you-will-own-nothing-and-be-happy-klaus-schwab/>

since our species has made it up to an extraordinary and unique level of individual and social complexity, we must have evolved an elegant mechanism of self-defence against unpredictable invaders. Obviously Nature is economical, and second level troops are never called upon as the first line of defence. It has become increasingly plain that the substances that encompass and use the fractured and flexible backbone of Vitamin D are at the very least an important part of this mechanism. We have already considered some irrefutable facts that point to 1,25(OH)₂D being right at the centre of such a mechanism, because it has the unique molecular flexibility to do so. It also controls the functions of at least 3 % of our genome, and much of the epigenome that provides each individual with a unique stamp of experience to go with our genetics⁴⁷⁰. That is why even identical twins are not the same, and it is a concept beyond Schwab's WEF or its 853 global financial partners.

So why is there so much mainstream scientific denial?

Faced with this, we are forced to ask why and how such an obvious central truth is so strongly denied by so many scientists and doctors involved in the practice of Medicine and Medical Science, up to and including those charged with sustaining the sanctity of '*primum non nocere*'? And in the course of fighting for common sense in the management of a novel virus, we have been struck by countervailing truths, concerning the power of highly concentrated money, and consequent financial, as opposed to natural, selection. In other words, we see versatile and adaptive biology confronted with the brick wall of Wall Street. It is increasingly clear that a major feature in this dishonest scenario is the phenomenon known as ***Regulatory Capture***⁴⁷¹. The princi-

⁴⁷⁰<https://pubmed.ncbi.nlm.nih.gov/24808866/>

⁴⁷¹<https://www.investopedia.com/terms/r/regulatory-capture.asp>

ple of regulatory capture is simple and obvious, and it becomes an immediate risk *as soon as you allow individuals employed by a regulatory organisation to accept money from, or to invest in the organisations they are supposed to be controlling.* The most flagrant example is the Federal Drug Administration (FDA). In June 2021, Maxine Jacobs wrote: *‘In a 2016 study published in the British Medical Journal, the majority of the FDA’s hematology-oncology reviewers who left the agency ended up working or consulting for the biopharmaceutical industry. In another investigation by Science magazine, 11 of 16 FDA reviewers who worked on 28 drug approvals and subsequently left the agency are working or consulting for the companies they recently regulated’.* The journal *Science* found that 17 top-earning advisers benefitted from more than \$26 million in research assistance or personal payments from industry companies. Of those, *94 percent “came from the makers of drugs those advisers previously reviewed, or from competitors.”* These are just the tip of the iceberg, and result from pressure on members of various committees to consider research results, receiving various forms of back-hander, and even when they are clearly against approval there is the tendency for the committee itself to fall to the lowest common denominator, and ignore the odd dissenting voice. It has been stated that 45% of the FDA’s fees come from industry user fees, according to a fact sheet⁴⁷². The other 55%, or \$3.2 billion, comes from federal funding.

Big Pharma and Big Money thrive on our ill-health

We have seen in Chapter 5 that there is a great deal of money locked up in ill-health, and this then sets up inevitable conflict between the altruistic health needs of the individual, and the essentially psychopathic demands of the Big Corporation. This conflict is further bolstered by the truly devilish encouragement

⁴⁷²<https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-glance>

of a system which allows scientists to patent systems and structures willy-nilly. For example, *Bio-Mérieux* and then *Moderna*, under the control of Mr Stéphane Bancel were allowed to patent a 19-base sequence coding for the binding site of a natural and ubiquitous enzyme *Furin*, inserted into the head of a newly constructed virus, and then to insert the most lethal part of that virus, into a pseudo-vaccine mandated by authority to run riot through the inoculated individual's immune system. Already, towards the end of 2022, it is clear that this collective folly is leading to extensive deaths of healthy people and for the living, a catalogue of personal health disasters. So what we are seeing now, surely, is the ultimate folly of putting lies needed to protect money ahead of truths needed to protect health and the future of our children and mankind. We have no idea what led to the extinction of *Homo neandertalensis*, but surely the very fact of that species' extinction should be taken as a lesson to *Homo sapiens*.

Components of the ongoing Covid-19 Disaster

We were reluctant at the outset to contemplate the possibility of a global conspiracy behind the Covid-19 Disaster. But maybe the word 'conspiracy' is misleading, as it conjures up images of a bunch of evil men sitting down with a concrete plan. In general that is not usually how disasters come about. Maybe it is more as though certain members of our species lacking conscience are placed or get themselves into a positions of power that others then let them exploit. And, as with a fish getting caught by an attractive bait, it is the first bite that is the most important. One thing that is evident is that when the Press has been captured, memories become at best short, and at worst irrelevant as the rules are changed at will.

CHAPTER 22

SEEING LIGHT AT THE END OF THE TUNNEL

On understanding versus fear

Homo sapiens, the species to which all readers of this book notionally belong, has confronted natural disasters before Covid, though it is doubtful if any others were so obviously and deliberately man-made. In fact, that may not be quite correct, because there is much to suggest that the Great Influenza pandemic of 1918-19 arose in part as a consequence of the Great First World War itself⁴⁷³. But imagine the problems that our predecessors must have confronted with the sudden melting of the major North American ice sheets, with an abrupt global temperature rise over a few hundred years of 6 degrees centigrade, and a consequent massive sea level rise⁴⁷⁴, some 11,600 years ago. This followed an abrupt reversal of global warming that was caused by a meteorite or cometary impact 12,800 years ago. Such an impact on the Laurentide Ice Sheet and explosive ejection of ice marks the onset of the so-called Younger Dryas period, the origin of the Carolina Bays and Nebraska rainwater basins⁴⁷⁵, and the extinction of many North American giant mammals, and of the Clovis People (See chapter 2). We live in a dangerous world,

⁴⁷³<https://theconversation.com/world-war-ones-role-in-the-worst-ever-flu-pandemic-29849>

⁴⁷⁴<https://www.pnas.org/doi/full/10.1073/pnas.2007869117>

⁴⁷⁵<https://www.amazon.com/Solving-Mystery-Carolina-Antonio-Zamora>

which is riddled with (mainly local) disasters. In any such global emergency, the first step should surely be to try to replace fear with understanding. And then to apply that understanding to help resolve the crisis in hand. With hindsight it may become easier to see what has happened, but we believe we can already piece together enough to draw some conclusions.

What if Global D-deficiency lies right at the centre of Covid-19?

For arguments sake, let us put global human Vitamin D deficiency at the centre of this ongoing Covid-19 disaster. We hope that the reader will by now have understood enough of our arguments to at least accept that this is a tenable hypothesis. A virus is not a complete life form, but only exists by exploiting weaknesses in the host, and Vitamin D deficiency is clearly such a factor. We are less interested in apportioning blame, than in finding solutions. But has this question about the role of Vitamin D deficiency actually been asked? To which the answer is a qualified 'yes'; by ourselves as well as many much more distinguished doctors and scientists⁴⁷⁶. It has been first phrased as an hypothesis, based on common sense, and supported by observations derived from much existing data in the scientific literature. And then supported by a large number of observational and double blind controlled studies. A second, follow-up question is; has it been addressed by those in power? To which the answer is quite astonishingly a resounding 'no'. In addition to blanket denial by those well paid to advise governments, there has been total neglect by the mainstream media, which has shown the curiosity of a concrete wall. In fact there is a great deal of evidence that all attempts to explore the role of D-deficiency, let alone to correct

⁴⁷⁶<https://vitamindwiki.com/>

it, are being actively ignored as well as suppressed by the politico-financial establishment.

A willfully ignored labour of scientific love

VitaminDWiki is a painstakingly researched website, kept absolutely up to date, which has all papers on the subject of Vitamin D and Covid-19, freely available and with downloadable references. It now includes a comprehensive and massive review by Linda Benskin entitled '*A Basic Review of the Preliminary Evidence that Covid-19 Risk and Severity is Increased in Vitamin D Deficiency*'. This includes 302 references to supporting papers, and so the title rather stretches the meaning of 'preliminary'. ('**Definitive**' seems a more appropriate adjective, unless you see the evidence that the world is a rotating sphere as preliminary). Under 'Biological Plausibility Discussions' she includes the sections on; '*Vitamin D enhances resistance to viral illnesses*'; '*How Vitamin D may decrease serious Covid-19-associated complications*'; '*Risk for Severe Covid-19 Parallels Risk for Vitamin D Deficiency*'; '*Evidence Informing the Hypotheses that Vitamin D Deficiency Influences Covid-19*'; '*Causal inference modeling reports*' etc.; and '*Covid-19-Specific Recommendations of Experts*'. Benskin concludes: '*The 141 articles [Table 3] presenting primarily biological plausibility evidence overwhelmingly support the assertions that Vitamin D sufficiency increases resistance to viral infections and helps prevent every symptom of severe Covid-19 that results in fatalities*'. Can you get any stronger than that?

So are we fighting World War D3?....

Two years ago to have asked such a question would have seemed the epitome of paranoia and stupidity. '*No, we are obviously fighting a viral pandemic, confused as usual by ridiculous conspiracy the-*

orists like you, would have been the probable response. But now it doesn't seem so crazy. Of course, we immediately saw from different but complimentary perspectives, that a second pandemic of Vitamin D deficiency that was aiding and abetting the viral one was being ignored, and that if it had been addressed the viral one would in all probability have solved itself. Everything we have seen since says that we were right. And our first book was part of our attempt to address the biological ignorance that was treating a virus as if it were an independent life-form that did not in some way depend on exploiting weaknesses in its host. We did not subscribe to calling it a 'plandemic', although there were certainly some very strange things about it that suggested planning. But the more this D3 denial went on, and the more it was compounded by increasingly socially repressive criminally draconian measures, the more it seemed we are in the middle of a rather well planned World War (D)3.

One should always be suspicious when intelligent scientific discourse is shut down by those in politico-scientific power and their lackeys. The stifling of discourse and debate is an obvious element of totalitarianism, because most people will do what Authority, even when illicit, tells them to do, especially if to do otherwise means that they will lose their jobs and so their livelihoods. True to form, this disaster was then supplemented by a true war against Russia in Ukraine, with alarming signals at the time of writing, that the wounded Russian Bear might, if provoked enough, resort to nuclear weapons.

Examples of weapons being used against us

A war doesn't necessarily involve armed conflict, indeed even when it does, most of those away from the front line or aerial bombardment are unaware of the physical battles going on. Sun

Tsu's classical discourse 'The Art of War',⁴⁷⁷ which is a 'must read' for military instructors and academies all over the world, advocates the use of deceit and dishonesty, as the preferred method for winning wars. The weapons being used in this one are as follows; lies and more lies; masks and distancing of social and physical contact; fear; threats and more threats; ignorance; denial of discourse; censorship; murder and intimidation; imprisonment; and abuse of the power of mountains of money. '*Stuff their mouths with gold*' in the words of Aneurin Bevan, over opposition to the NHS by the Medical Profession. And all the time appealing to one's own authority and dividing the opposition. But in this virtual war who or what is the real enemy? The world's politico-economic system, under the aegis of Klaus Schwab's self-designated *World Economic Forum*, is designed to make the rich richer, and it is now clear that it is structured by and poised to help the wealthy psychopaths take over the world. Look at the instruments of control; destruction of democracy and the right to be heard; polarisation of debate and its reduction to a shouting match; the negation of reason by denying that its voice be heard. Since we have evolved and live in a finite world, we can no longer sustain the illusion of infinite growth, but they see it differently, and clearly the effect if not the intention of suppressing natural immunity is to create the unfit, and selectively destroy them, by a form of counter-evolution. They see that limits of growth apply solely to the 'have nots'.

Is Corporate Psychopathy trying to control the world?

Joel Bakan in his book 'The Corporation'⁴⁷⁸ explains that with the advent of Limited Liability Companies, Corporations have been created with all of the rights of the individual, but none of

⁴⁷⁷https://en.wikipedia.org/wiki/The_Art_of_War

⁴⁷⁸https://www.goodreads.com/book/show/108583.The_Corporation

the responsibilities. In other words, although it may well contain some well meaning and good people, a Corporation is constrained **by law** to look only after the interests of its shareholders, and therefore of itself. It behaves like a Corporate Psychopath. It is clear that one should be very suspicious when the people with the Big Money and the Big Power are pushing something hard. We should watch out that it is not a cleverly designed decoy, just as deer hunters will use decoy deers to attract their own kind of Big Bucks. The testosterone-driven Big Buck of the herd doubtless reasons that since it is good to ride deers, it is logical to go after every deer he sees. One of the possible decoys being spread by such big buck-hunters as the World Economic Forum, and all who ride in her, is that the world is being wrecked by Carbon dioxide-induced climate change, so for example we must all move to electric cars, which of course have to be made, while generating toxic gases and waste. But what if the real reason for our desperate plight is psychopathic greed and denial or suppression of the needs of others? Do we really believe that these criminally rich people actually mean to become less rich in the process?

The importance of Vitamin D3 for survival of our species

Each of us starts as an individual being (albeit dependent on others) who with luck matures to adulthood, then with further luck will pair with someone of the opposite sex happily to produce and raise children and so maintain continuity of the species. One of the main drives is of course the sexual urge, and only recently has heterosexual copulation been possible without risk of pregnancy. Couples vary in fertility of course, and pregnancy, birth and childhood have been especially perilous. But to have and rear children is a universally accepted human right, of which to deliberately inflict sterility on other individuals is a clear infringement. All elements of the fetal-maternal unit depend upon Vitamin D and its metabolites for protection, and they do so

through the system we have already described of local production of the enzyme 1-alpha hydroxylase to make $1,25(\text{OH})_2\text{D}$, the switch necessary to activate the local VDR.

Abuse of power by pathological population control

Unfortunately the gross disparity in wealth that now exists between 'haves' and 'have nots' has set the former against the latter over 'population control', and involved the World Health Organisation in the process. The WHO was created principally to help redistribute health and wealth to the disadvantaged, yet for nearly thirty years it has been an instrument to help eliminate the 'have nots' by rendering them infertile. A particularly offensive strategy already considered in Chapter 3 involves abusing normal biology by using occult immunisation against the pregnancy hormone Human Chorionic Gonadotrophin (HCG) in order to interfere with the basic endocrine mechanism of the fetal syncytiotrophoblast for sustaining progesterone production from the corpus luteum. This has been illegally achieved for many years by chemically linking HCG to tetanus toxoid, and then giving the hybrid vaccine in place of normal tetanus toxoid under the guise of preventing neonatal tetanus⁴⁷⁹. While raising antibodies to the tetanus toxoid, and so protecting the neonate against tetanus from use of dirty instruments after birth, permanent infertility and recurrent miscarriage in the pregnant woman is the deceitful intended consequence.

What would universal Vitamin D repletion achieve?

What we are suggesting is that to help fight infections, and other forms of ill health, every human being on Earth should be lifted

⁴⁷⁹<https://pubmed.ncbi.nlm.nih.gov/12346214/>

from the risk of Vitamin D deficiency. This is not an original idea, but in contrast to others, we are recommending that this be done with universal Vitamin D3 supplementation, so as to achieve blood levels of 25(OH)D at above 50 ng/ml (125 nmol/l). This is the level recognized to provide a good reserve for all systems that depend on Vitamin D. This can be achieved safely in several ways, which include taking 4,000 to 6,000 Units of Vitamin D3 daily; or 100,000 Units once or twice a month; or 17,000 units of 25(OH)D3 (calcifediol) once weekly. We prefer to suggest these doses, scaled down for children, be given regardless of diet or sunlight exposure. And if possible they should be adjusted according to the blood level of the circulating reservoir form, 25(OH)D.

It is true that when and where our species evolved as hunter-gatherer cultures near the equator in Africa, the midday sun was always high in the sky and so D-deficiency could be avoided. But of course there must always have been the possibility of deficiency, which would inevitably increase the risk of infections and parasitism. Indeed there is considerable evidence that Vitamin D even exerts a protective effect against malaria⁴⁸⁰ which is of course essentially a tropical disease, depending as it does upon year-round survival of anophales and related mosquitoes.

⁴⁸⁰<https://reader.elsevier.com/reader/sd/pii/S240584401838441X?>

CHAPTER 23

VITAMIN D3: CONCLUSIONS AND SUGGESTED ACTIONS

We can draw from the current crises some general conclusions about human nature. Obviously we each live only one real life and we will all die sooner or later. For most of us the pleasure of living as sentient beings in modest comfort, at peace with those around us, and still in possession with our faculties, is reward enough. Unfortunately such unambitious aims as to wish to leave this planet as a legacy for the generations to follow have, it seems, been reduced by those in power to the level of a *cliché*.

Thus it is clear that a self-selected and like-selecting few, who seemingly hold all the cards, do not see normal human life as a global priority. By definition, psycho-sociopaths lack the capacity for emotional empathy, and for them normal life is rather boring⁴⁸¹ ⁴⁸². They also have a propensity for targeted aggression in their own fields of expertise, and like attracts like. Such people become especially dangerous for the rest of us, when as is now the case, they have metamorphosed into a pack of financial predators, set in their Brave New World, blind to the distress of others. So, while loudly espousing the need to conserve our planet from a supposed pending carbon dioxide catastrophe, they will happily each winter fly in their private jets to and from the

⁴⁸¹ https://en.wikipedia.org/wiki/The_Mask_of_Sanity

⁴⁸² <https://psychopathyawareness.wordpress.com/2011/03/04/psychopaths-and-boredom/>

World Economic Forum in Davos. Were they to wait until next summer, they would find that when the sun is again high enough for humans to sun themselves and plants to grow, CO₂ is just the gas plants need to play their part in the photosynthetic cycle of life. And by and large plants can't get enough carbon dioxide. In pursuing their ruthless trans-humanist agenda, the mad humanoid drivers of this unfolding disaster have clearly forgotten that they too are made of flesh and blood, and are products of evolution on this otherwise miraculous and uniquely beautiful planet, Earth. But alas, natural selection applies to their genes as well. That at least fits the theory, conspiracy-driven or not.

We believe now and with some urgency, that power has to be wrested from the clutches of Big Money Psychopaths and their sociopathic organisations. **And we need to use the international legal system to do so.** These dysfunctional beings are centred round Big Pharma, supported by Big Government, and they cash in on the idea that bits of nature can be patented and then legally exploited for personal gain. The sale of medical education and medical science to the incipient greed of Big Pharma, started around forty years ago (about half the life-time of each of us authors), and has basically and systematically destroyed mainstream Medicine. We who have avoided the worst clutches of the pandemic and its aftermath are now left to clear up the mess in its wake. So those of us still alive and with enough energy, need to follow in the legacy of Nobel prize winner Professor Luc Montagnier, and push to return to the laws of Nature. And we can start with the sunshine vitamin, D3.

Towards a much-needed Great Biology Reset

We would like here to suggest some general principles, to help restore humanity as an inviolate thinking animal species with a consequent unique responsibility to protect biology, including our own species, on our unique planet, Earth. The ideas suggest-

ed below are merely meant to serve as a framework for constructive discussion, and controlled legislation.

Restoration and protection of Natural Immunity to its true and central evolutionary position. As we have argued in this book, natural immunity has played a vital but much ignored role in humanity's past, and this position needs to be restored. Our planet, as far as we can see, is located in a unique 'Goldilocks' place in space-time, where we are the unique sentient beings, with the capacity to act either for good or evil. As we write, it is becoming increasingly clear that forces of uncommon but wealthy nonsense are fighting against simple biological common sense, as never before. Our social-scientific evolution is a relatively new phenomenon, whereby the written and other recorded forms of words have led to a trans-generational accumulation of knowledge and experience. But the escalating pace of change has meant that certainty is no longer always obvious, and the turning point may well have come when the human brain can no longer cope with the exponential pace. As a species we clearly need to come down to Earth. For the future of humanity, it is surely better to trust a billion years of evolution with natural immunity as our sole defence, than billions of dollars of investment in vaccines and pseudo-vaccines from the Gates Foundation? This is especially so if infections and vaccines *ad infinitum* without Vitamin D supplements *have the capacity also to kill ad infinitum*. **So, since Vitamin D repletion is safe, inexpensive, and can only do good, should we not just go for it?** Of course such a policy will be resisted tooth and nail by *Big Pharma* and those with a financial vested interest in maintaining the *status quo*. This brings us to the point of controlled restoration and retribution.

Restoration of biology to centre stage. There are very strong arguments that biology, as applied to virus partial life-forms, can be abused. The nuclear horrors of Hiroshima and Nagasaki, unleashed at the end of the second world war, followed by the

nuclear arms race, should have taught us that we have become scientifically advanced enough to be able to destroy life on our own planet, so setting life back tens of millions more years into oblivion. Previously, massive extinctions lay in the province of unavoidable meteorite impacts, (of which of course we are still at random risk from the Kuiper and other belts). We have argued in this book that there is much to indicate that Vitamin D, created by the sun's rays filtered by our atmosphere, is an essential legacy whose importance for peace and health has not been fully realised. Politics, in other words, has not caught up with biological science, and we believe it needs to do so and fast. For we have seen of late that Military Powers, exploiting human aberration and scientific 'progress', have been playing with other dangerous weapons called viruses, which also have the capacity to destroy human lives, and possibly all of humanity.

A Natural Immunity Commission should immediately be convened under the United Nations, to examine the lessons from Covid-19. Terms of reference being to ensure that it is decreed a Universal Human Right to be given sufficient Vitamin D3 supplements (and where needed other vitamins, notably A and K, as well as minerals including zinc) in the appropriate form, to support Natural Immunity and optimise individual and global health against infections and sickness of all forms. **This should take precedence over vaccination**, which must be established as a **mechanism to be used only where natural immunity and/or harmless treatments have failed**. For example, malaria does not need a vaccine, if well-designed mosquito nets are provided for prevention, and existing natural products such as artemisinin, are made freely available for early treatment. Derived from the plant *Artemisia annua*, such drugs have been used safely in China against malaria for at least two thousand years, under the name *Qing Hao*⁴⁸³. Bill Gates has no excuse for ignorance here, since

⁴⁸³<https://www.fic.nih.gov/News/GlobalHealthMatters/september-october-2015/>

the 2015 Nobel Prize for Medicine was awarded to **Tu Youyou** for her (re-)discoveries concerning use of artemisinin against malaria; that year the prize was shared with William C. Campbell and Satoshi Ōmura for use of Ivermectin, which is derived from the same plant, against infections caused by roundworm and other parasitic diseases! And, it turns out, Covid-19!

Controlled Retribution and Restoration. It is increasingly obvious that Covid-19 is a multi-layered Crime Against Humanity and we need to apply the lessons from the Second World War (1939-45), to the present disaster. The most obvious route is to refer those individuals guilty of the worst Crimes of Genocide and/or Crimes Against Humanity, to be tried in properly constituted trials in the International Criminal Court (ICC) in The Hague. This Court was set up under the Treaty of Rome following the Nazi Holocaust. In this context, we believe that it makes most sense first for the ICC to try and to convict the individuals who created the synthetic virus chimera, rather than more nebulous groups or organisations. This is what one of us (DCA) with Professor Joseph Tritto, has proposed under the umbrella of the World Academy of Biotechnology, our lawyer Barbara Benazzi's legal deposition to the Office of the Prosecutor of the ICC⁴⁸⁴. This, the first and basic such crime, was achieved through dangerous international **Gain of Function Research**, and the consequent abuse of science for personal and illegal financial gain.

As with the original Nuremberg trials after the Nazi Holocaust, it should not be a defence for an individual to claim that they were only following orders. In any case, it will become apparent that some at least of the same individuals have extracted obscene profits through illegal development of dangerous and unnecessary treatments that have killed and maimed millions, especially innocent children and young people.

Pages/china-artemisinin-discovery.aspx

⁴⁸⁴ International Criminal Court Reference OTP-CR-592/22

We also propose as a supplement that there needs to be formulated under the United Nations, a **Biocrime Protection Act** which would be defined and administered by an independent International Criminal Court.

Control of the abuse of money by the Mega-rich. This catastrophe has demonstrated the fragility of democracy, and how easily it can be exploited by the wealthy and unprincipled. There are some very obvious low-hanging fruit, in the form of all those who have accepted money to abuse their positions of power and trust. These need to be brought to trial with minimal delay and deposed, punished and disgraced. Since such top-down corruption has been applied at all levels, a further adjunct would be to establish a *Mandela-style Truth and Compensation Commission*, for those lower down, as an alternative to judicial punishment. This should help lead to an essential understanding of how medical science, and indeed the whole practice of Medicine, became, from what may have started as commendable political motives, progressively corrupted. This has developed over more than a third of a century, culminating in the Covid-19 disaster, and it is important to understand, for the benefit of future generations, how this came about. We all share responsibility to help prevent it happening again.

Big Pharma must have their indemnity removed for drugs and vaccine damages and deaths⁴⁸⁵. The exemption negotiated in 1986 in the USA, is already rendered null and void whenever it is revealed that there were serious cover-ups in the preliminary trials. This has patently been the case, as revealed by Pfizer's own files⁴⁸⁶. And those responsible cannot be allowed to retain their ill-gotten gains, as happened over the Sackler Family and the

⁴⁸⁵<https://www.commondreams.org/news/2022/11/10/outrage-investigation-shows-how-big-pharma-snuffed-out-vaccine-patent-waiver>

⁴⁸⁶<https://www.medpagetoday.com/special-reports/exclusives/97544>

synthetic opioid Oxy-Contin⁴⁸⁷ which drug led to an estimated 500,000 deaths in the USA alone.

There should also be a thorough overhaul of the current ability of Big Pharma to drive all aspects of medical education, pay for the publication of corrupt science, and manipulate public health policy.

A personal Wealth Commission needs to establish limits to individual wealth and income, such that there is not more than (say) *a thousand-fold disparity* between what the poorest and the richest can receive in a year, and that no family may accrue more than, say, one hundred million dollars. Ill-gotten funds recovered would be used to help recompense individuals who have suffered vaccine damage, and families afflicted by premature death of a member or members following obligatory 'vaccination'. *There needs to be an embargo on using money and speculation to generate more money.* Money needs to be restored to its original function as a mechanism of barter and exchange. A Medical Commission needs to be established to limit the power of private money to buy influence in Research. The dividing line between private and public sectors needs to be redrawn, for example in the area of health care. The World Health Organisation needs to be reconstituted so that it genuinely serves the public health needs of the most needy, and is not in the pockets of Big Pharma, multi-millionaires, like Bill Gates and members of The World Economic Forum. The WHO needs to be reconstituted as a champion of Natural Health.

Biological Warfare Commission. An undeniable aspect of the Covid-19 disaster has been the global development of new and more potent weapons of all kinds. There needs to be a re-examination of all forms of warfare, including biological warfare,

⁴⁸⁷ <https://fortune.com/2021/04/23/sackler-family-oxycontin-purdue-pharma-lawsuits/>

with all countries being signatories to an International Convention banning development and use of new chemical and biological weapons. A particularly obvious example of this was the exploitation of the break-up of the former Soviet Union, by the building of a network of no less than 33 biological laboratories, all over the territory of Ukraine, paid for by the US Pentagon. Military escalation leading to the construction of ever more lethal instruments of war, ultimately means that they need to be destroyed, which with conventional weapons mostly happens on the battlefield. Clearly the same constraints need to be applied to biological weapons facilities as to nuclear and stealth arsenals.

Land use and biodiversity. Strict controls need to be directed against Big Agriculture, and addictive foods that abuse land and set out to destroy the small farmer and make him dependent on Genetically Modified (GM) products and synthetic disruptors. These include pesticides, and herbicides, all of which interfere with natural immunity. Money recovered from *Big Ag and Big Pharma* needs to be used for a return to locally sustainable healthy living. A global policy of restoration of a healthy food consumption and lifestyle be encouraged and rewarded, as part and parcel of the strengthening of natural immunity. We have seen in Chapter 6 that glyphosate is not only a toxic compound that destroys the shikimate pathway in plants, but that it has the same effect on gut micro-organisms which produce essential amino-acids. It also interferes with hepatic 25-hydroxylation of Vitamin D to its reservoir form calcifediol, and is potentially incorporated into collagen in place of the aminoacid glycine⁴⁸⁸.

⁴⁸⁸ <https://childrenshealthdefense.org/defender/stephanie-seneff-toxic-legacy-glyphosate-destroying-our-health/>

Concluding recommendations for a policy of Global D-repletion

We hope that the reader who has got this far will have been persuaded of the importance of respecting natural immunity, and the central and unique role within it of the Vitamin D-Receptor system. It lies in complete contrast to contrived immunity driven by profit, that seeks to ignore or eliminate nature and to depend entirely on vaccines, or worse, on genetic nucleic acid pseudo-vaccines. The Covid-19 debacle has now been amplified for financial gain for the super-rich, through repetitive mRNA vaccinations, driven by a dangerous cocktail of money, greed and ignorance. We have explained that the consequent progressive decline in natural immunity, driven by the Gatesian model of infinite vaccination, is a completely predictable disaster. This is how the system works; *the activation of the VDR/RXR complex with locally made calcitriol induces the latter's own destruction by 24-hydroxylation*. No clinical trials are necessary, any more than you need a clinical trial to show that if you pour water out of a jug, the water level in the jug will fall. The progressive increase in risk with ever-increasing vaccinations is entirely predictable.

Bill Gates has promised us more and ever greater vaccine disasters, which may be more a sign of his sinister intentions than of his brilliant intellect. Perhaps some intelligent Orwellian psychopathic medical friend who takes Vitamin D himself, can explain the simple science to him. The answer to lethal pandemics, whether contrived or natural, we suggest, is dead simple, and ridiculously cheap. FREE VITAMIN D3 SUPPLEMENTS FOR THE WHOLE WORLD! Offered, not mandated, because the results will be so dramatic and safe that even the most skeptical will soon see the results in their friends. The obese, the aged, and those with malabsorption, liver or kidney disease, will be offered capsules of Calcifediol, one of 17,000 IU (equivalent to 25,000 IU of Vitamin D3) taken once a week or twice a month (depending on blood D levels). Others will be offered ordinary cap-



Figure 22(1) *Two simple, inexpensive and safe Vitamin D supplements available in pharmacies in Italy; vials of 100,000 Units in olive oil (top), contents taken on a piece of bread once a month – cost as little as \$10 per year; bottom – capsules of calcifediol 17,000 Units each, once a week or every 2 weeks cost \$50 per year). Doses should be scaled down for children, blood levels of Vitamin D (ie 25-OHD, calcifediol) should be monitored.*

sules of Vitamin D3, 4,000 IU daily, or one vial of 100,000 IU of D3 once a month, contents taken on a small piece of bread, with olive oil to promote absorption.

Studies to monitor the health benefits and adverse effects, will be financed from WHO funds. And the estimated annual cost would maybe reach \$24 billion. But with a dramatic reduction in a whole host of diseases currently driven by the Big Pharma model.

APPENDIX 1

SUDDEN OR UNEXPECTED DEATHS

Dr David Grimes, 2022-23

There is no official report on sudden and unexpected deaths. There are just individual press reports and no-one is counting the bodies. The names of those of whom I have become aware during 2022 through press announcement are as follows (dates are those of reports rather than dates of death):

Dr Anupam Chatterjee, died suddenly aged 60 (Feb 14th)

Dr Paul Farmer, died unexpectedly in his sleep aged 63 (Feb 21st)

Shane Warne, cricketer, died suddenly aged 52 (March 4th)

John Paul, Scottish track cyclist, died suddenly aged 28 (March 9th)

Cedric Baekland, Belgian cyclist, died suddenly aged 28 (March 14th)

Oliver Taylor Hawkins, drummer and songwriter, died suddenly aged 50 (March 28th)

Mariasopfia, Paparo, Italian swimmer, died suddenly aged 27 (April 15th)

Rajesh Verma, cricketer, died suddenly aged 40 (April 24th)

Samuel Akwasi, junior footballer, died suddenly aged 13 (May 7th)

Gary from Wallsend died on the sofa watching TV (May 10th)

Richard Moore, cyclist, died suddenly aged 48 (May 19th)

Five Italian cyclists died suddenly, two on buses, three on beaches (May 21st)

Top airline pilot suffered cardiac arrest between flights (May 23rd)

Andrew Fletcher, of Depeche Mode, died suddenly aged 60 (May 28th)

Ray Liotta, actor, died in his sleep aged 67 (May 28th)

Paul Poloczek, bodybuilder, died aged 37, just after completing (June 1st)

Finley Scholefield, games and apps producer, died in his sleep aged 24 (June 4th)

Dr Neil Singh Dhalle died in his sleep aged 48 four days after 'jab' (June 6th)

Paul Sapsford, TV producer, died suddenly aged 58 (June 8th)

Peter Usher, cricketer of Bacup, died suddenly aged 62 (June 11th)

Unnamed secondary school pupil in UK died suddenly (June 17th)

Danielle died suddenly on her wedding day (June 21st)

Harry Gration, BBC broadcaster, died suddenly aged 71 (June 27th)

Michael Stenger, US Senate security, died suddenly (June 27th)

John Young, crossword compiler. died suddenly aged 62 (June 30th)

Father Dermott Donnelly of Durham died suddenly aged 55 (July 9th)

Neil Scanlan, schools advisor, died suddenly aged 70 (July 14th)

Paul Ryder, of Happy Mondays, died suddenly aged 58 (July 15th)

Ricky Bibby, rugby league player, died suddenly aged 40 (July 17th)

Dr Paul Hannam emergency physician NY, died suddenly aged 50 (July 18th)

Dave Baguley, audiology specialist, died suddenly aged 61 (July 19th)

Shonka Dukureh, actor, died suddenly aged 44 (July 23rd)

Matthew Hill, founder of Liquid Web, died suddenly aged 41 (July 26th)

8 doctors died suddenly in Canada (Aug 14th)

Dr Donald Singer, University of Warwick, died suddenly aged 67 (Aug 16th)

Darius Danesh, singer, died suddenly aged 41 (Aug 17th)

Rob Wardell, Scottish champion mountain biker, died in his sleep (Aug 31st)

Nick Fisher, of River Cottage, died suddenly aged 63 (Aug 31st)

Charlbi Dean, of Triangle of Sadness, died suddenly aged 32 (Aug 31st)

John Webb, ITV vision mixer, died suddenly (Sept 13th)

Eddie Butler, BBC rugby commentator, died in his sleep aged 65 (Sept 16th)

Angus Gaye, of Aswad, died suddenly aged 62 (Sept 18th)

Tim Easy, artist, died suddenly aged 60 (Sept 20th)

Dame Hilar Mantel, author of Wolf Hall, died suddenly aged 70 (Sept 24th)

Unnamed man died suddenly during London Marathon aged 36 (Oct 3rd)

Eamonn McCabe, Guardian photographer, died suddenly aged 74 (Oct 4th)

Biyi Bandele, novelist film-maker, died suddenly aged 54 (Oct 5th)

Joyce Sims, R&B singer-songwriter, died suddenly aged 63 (Oct 17th)

Eli Palfreyman, Ayr hockey captain, died suddenly aged 20 (Oct 20th)

Josephine Melville, actress, died suddenly after performance aged 61 (Oct 22nd)

Noel Duggan, of Clannad, died suddenly aged 73 (Oct 24th)

Tim Gough, radio presenter, died suddenly 'on air' aged 55 (Oct 26th)

Unnamed 6 year old girl died suddenly an hour after 'jab' (Oct 28th)

Roger FitzGerald, architect, died suddenly aged 63 (October 29th)

Gerald Butt, BBC correspondent, died suddenly aged 73 (October 29th)

Paul Martin, musician, died suddenly aged 51 (Nov 2nd)

Aaron Carter, singer and rapper, died in his bath aged 34 (Nov 6th)

Julie Powell, food writer, died suddenly aged 49 (Nov 7th)

Kim Leneghan, BBC Radio Ulster presenter aged 61, (Nov 7th)

Colin Irwin, music journalist, died suddenly aged 71 (Nov 13th)

Bruce Philp, plastic surgeon, died suddenly aged 59 (Nov 16th)

David English, cricket promoter, died suddenly aged 76 (Nov 22nd)

Rab Noakes, singer and guitarist, died suddenly aged 75 (Nov 25th)

Irene Cara, singer, died suddenly aged 63 (Nov 26th)

Donald McEachin. US congressman, died suddenly aged 61 (Nov 29th)

Marcus Sedgwick, author, died suddenly aged 54 (Dec 6th)

Yakira Chambers, actor, collapsed and died suddenly aged 42 (Dec 7th)

Grant Wahl, soccer reporter, died suddenly in his press box aged 48 (Dec 10th)

Walter Beneteau, top cyclist, died suddenly aged 50 (Dec 12th)

Maureen Doherty, fashion designer, died suddenly aged 70 (Dec 15th)

Andrew Nickolds, writer, died suddenly aged 73 (Dec 21st)

Gareth Blenkins, family man, died suddenly aged 40 (Dec 30th)

Fred White, Earth Fire & Wind drummer, died suddenly aged 67 (Jan 3rd 2023)

Alan Rankine, musician with Associates, died suddenly aged 64 (Jan 3rd 2023)

Lisa Marie Presley, daughter of Elvis, died suddenly, aged 54 (Jan 12th 2023)

Jeff Beck, celebrated guitarist, died suddenly aged 78 (Jan 13th)

CJ Harris, singer, died suddenly aged 31 (Jan 16th 2023)

Jeremy Ruhlmann, model, died suddenly aged 27 (Jan 24th 2023)

Mia Jennings, swimming teacher, died suddenly aged 19 (Jan 28th 2023)

Clare Drakeford, wife of Welsh First Minister, died suddenly (Jan 29th 2023)

Sandra Carmona, journalist, died suddenly at home aged 42 (Jan 30th 2023)

Lieuwe Westra, Dutch cycling star, died suddenly aged 40 (Feb 1st 2023)

Ty Wells, star swimmer, died suddenly aged 23 (Feb 1st 2023)

Kit Hesketh-Harvey, cabaret entertainer, died suddenly aged 66 (Feb 4th 2023)

Janet Atkinson, former MP, died suddenly aged 73 (Feb 8th 2023)

Duangpetch Promthep, football hero of Thai cave rescue, died suddenly aged 17 (Feb 16th 2023)

APPENDIX 2

THE SUNSHINE VITAMIN'S LAMENT

by Dr David C Anderson

April 2020

D-one, D-two, but where's D-three?
And what's this UV ABC?
The sun shines on the empty beach
The President just trumpets 'bleach'
While Covid kills for free

Test anywhere, you'll find D's lack,
Our priest in Italy is black:
If ignorance is bliss for some
For others it spells 'Kingdom Come'
The crown will call you back

We all need D, but where's the proof?
Deficiency might be a spoof
With every Bamey doctor's death
We shake our heads and save our breath
While testing hits the roof

Agog, we 'wait the next absurd
Pronouncement 'pon the waiting herd;
Advisers hold our life in balance
Chris Whitty and yer Patrick Vallance
Barge forth quite under turd

We'll stick to social distancing
And let the dead go disc-dancing
With kingdom Cummings up on high
Alert: since BJ failed to die
They'll do this Brexit thing

Committees do not like big numbers
I fear it shakes them from their slumbers:
One hundred thousand's lots of noughts
Four hundred daily's more their torts
So onward they just lumber

We feel the regulator's sighs
He really cares for our demise
Blue gloves and dirty masks of death
No PPEs? - just save your breath
Cock-handed Matt is wise!

Does no one see the irony
In thorny blobs of RNA!
They'll save the NHS indoors
Speak platitudes until it boors
To death, to get their way

What? Problem-solving with a vial
The blindest fool needs blinded trial!
I lie in bed and dream my dreams
But no one hears my silent screams;
Black death may last awhile



Vitamin D₃ personified, by British artist Geoffrey Key

