

# LATEST UPDATE COVID

## Extent and danger of pandemic - Variants - New Circumstance

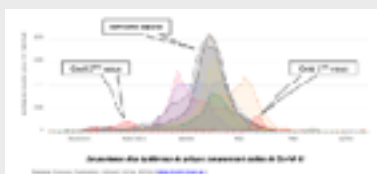
### Mortality rate other pandemic

Mortality of various viruses differ widely:

- 80% Warburg in 1967
- 77.6 NiPah in 1998
- 57% Hendra in 1994
- 52.8% H1N1 in 1997
- 40% Ebola in 1975
- 39.3% H7N9 in 2013
- 34.4% MERS 2012
- 9.6% SARS 2002
- 2.2% Covid 2019
- 1.1% H1N1 2009

COVID 19 is way below other viruses in dangerousity at its peak. The current level of the variant is 0.7% therefore below the current flu epidemic at 1%.

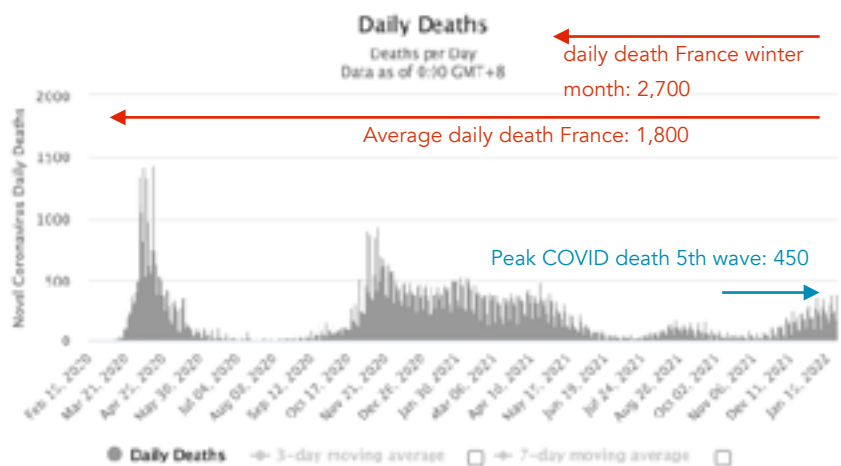
### Past Flus dwarf the past and current COVID 19 "waves"



Compared to the previous years with peak of 800 flu contamination per 100,000 inhabitants, COVID is barely noticeable with a peak of 140 in march 2020, and below 89 /100,000 for the "5th wave".

### Perspectives Level of Importance

At the peak of the COVID 19 5th wave, the daily deaths reached 450 according to the official reported data, world and France in mid-January 2022. That represent, at peak 16% of all deaths. In France specifically, that counting reports persons **with** Covid, and not **of** Covid. At least 20% entered hospitals with other thing than COVID, and 92% have one or more severe other co-morbidities.



### COVID average Mortality is equal to life expectancy

In France, 98% of death are for person over 50 years, with 72% over 80, for an average death age of 82.5 years, almost exactly that of life expectancy (81 for men - 84 women).

Number of cumulative deaths due to COVID-19 in France  
 Coverage: COVID-19 (second deaths occurred in hospital), by 10-year age group and sex  
 Warning: the data provided below are imperfect and incomplete. Please consider them with caution.

Features	Reported cumulative COVID-19 deaths by date					
	1/20/21					
Age Group	Males	%	Females	%	Unknown	Both sexes
0-9	11	0.0	10	0.0	1	22
10-19	8	0.0	8	0.0	1	17
20-29	55	0.1	56	0.1	0	111
30-39	213	0.4	150	0.4	1	364
40-49	479	1.2	428	1.0	6	913
50-59	2519	6.6	1897	5.3	26	3442
60-69	7818	19.6	5724	15.3	84	11626
70-79	15300	39.6	7600	19.1	141	23041
80-89	21148	57.2	16718	43.8	261	37927
90+	9460	24.5	12443	32.3	140	22043
Total known	37491	100	42304	100	668	79863
Total unknown	281		185		33	499
Total	37772		42489		701	80362

For the US the life expectancy is 77 years, and the average age of COVID mortality is 78 years of age. That is why one does not see any excess mortality from COVID anywhere

COVID was not a great pandemic, neither in term of dangerousity compared to most flus, nor in actual amount of patients. The 5th wave (Omicron) is even milder - Life expectancies have not

# LATEST UPDATE COVID

## Are Hospitals and hospital beds overloaded

### INSERM: Covid under 50% of Flu

The INSERM publishes the weekly Sentinel report which, since 1984, tracks and counts the counts of IRA (Respiratory Infections), Varicella and Diarrhea especially in the winter month. At peak COVID did not reach 50% of the IRAs:



### CDC reports

Compared with the delta variant, omicron causes less severe disease for patients, according to data shared this month by Dr. Rochelle Walensky, director of the US Centers for Disease Control and Prevention, at a COVID-19 response briefing. Walensky cited a preprint study published recently that looked at data from about 52,000 people infected with the omicron variant, and about 17,000 infected with delta, in southern California. Compared with patients who had the delta variant, omicron patients had a 53% reduced risk of hospitalization, a 74% reduced risk of ICU admission and a 91% reduced risk of death. The study has not yet been peer-reviewed.

### Perspectives Level of Importance

The ATIH report of 2020 (Official Minister of health report on Hospital usage) - reported only 2% of COVID patients in hospitalization and Up to 5.9% usage of Critical treatment bed usage and time). During that time 82% of the COVID hospitalization had at least one severe comorbidity and 90% of the COVID death had one or more severe comorbidity Current levels are similar in 2021 2022 (Source ATIH) severe other comorbidities.

### GEODES report of Critical beds utilization in 2022

At the peak, the bed utilization for COVID Patients of Critical Beds reached 3600 in France. That is 18% of the 20,000 beds available. The French government and media were confronted a few times by equating "reanimation" bed figures with "Critical "beds.

The criticism that unvaccinated persons were the culprits was also proven false when statistics showed that 48% of the "Covid Beds" were occupied by vaccinated persons.



The vaccines, if they might have been somewhat effective against the alpha variant, has lost all effectiveness against the Omicron variant:

- No protection on transmission
- No protection (or increase) hospitalization with vaccination ==> ADE issue of vaccine
- No protection against death (or increase) with vaccination (Increase sensitivity to even other virus)

**COVID patients were not major users of hospitalization in the past 2 years with between 2 and 5%. Omicron variant is recognized as milder, with vaccination bringing no reduction**

# LATEST UPDATE COVID

## Masks and tests - do they help

### Les gestes barrières n'ont jamais enrayer la pandémie

#### 80% des transmissions COVID serait transmis par gouttelettes:

comme les autres IRA (infection respiratoires)

- A viral load inoculum est nécessaire pour être infecté (doses de milliers de virus) ... pas quelques traces
- les gouttelettes sont les principaux facteurs Distanciation de 1 mètre ou plus suffit
- Les masques empêchent ces gouttelettes, si moins de 1 mètres

#### 20% des transmissions par les surfaces:

- La transmission par les gouttelettes transmises sur les surfaces (20%) peuvent être reprises par une personne qui toucherait cette surface
- Se laver les mains évite cette transmission
- Le port du masque augmente cette transmission: le toucher du visage est multiplié par 4 avec un masque donc augment la chance de capture l'inoculum si les mains sont souillées

#### Moins de 1% des transmissions par Aérosols

La transmission par air ambiant est possible mais infime...

- L'inoculum ne serait pas atteint avec le flu d'air
- Cette infime transmission possibility est annulé avec de la ventilation
- Le port du masque n'a aucun effet: Taille Virus 1 micron - Taille des maille 6 microns (aucune filtration)
- Air circule de toutes façons au travers et autour du masque (a moins que la personne ne cesse de respirer)

### Tests PCR are not used properly

- *Retro-Transcriptase Polymerase Chain Reaction* repose sur l'amplification de l'ADN après rétro-transcription d'un ARN en ADN.
- Pour le SARS-Cov2 étudié par Bullard et coll., la TCID50 était de 1780 copies de virus / mL, valeur médiane en-deçà de laquelle la culture virale ne poussait pas (et n'était donc pas infectieuse). 24 cycles sont nécessaires pour trouver une valeur positive
- However, current tests have 37 to 40 cycles. This lead to an extreme overvaluation of the positivity of the tests for traces of ARN for person.
- Currently only 89 /100,000 sick (Sentinel) for reported 2800/100,000 "positive" report (factor 31)

### Tests PCR bear no relationship with infections

- PCR results bear no relation with number of patient (sick persons)
- Having a trace of a product does indicate sickness or transmutability
- False positive ranged from 80% to 92%, therefore do not indicate any pandemic
- Viral Inoculum level is required for a person being sick, traces bear no reactions
- PCR maximum cycles were increased to explode the number and increase the fear factor

#### Factual review

If that was the case above: 501,000 cases to 462 deaths (inflated), mortality would be 0.00092. Covid19 would be 1000 times less deadly than the flu... less than the common cold (which does kill people)

### Masks have dangerous side effects

- Le port du masque en longue durée peut engendrer des allergies, créer avec la chaleur et l'humidité de la bouche le développement de bactéries
- Le virus se transmettant part le toucher, le masque multiplie le toucher (du masque) et vers la bouche, donc accroît la contamination (2 nouvelles études le prouve)
- En hiver, il faut aller dehors pour accumuler de la vitamine D indispensable pour combattre le virus. Le visage est souvent la seule partie exposée au soleil. Le port du masque dehors est donc mauvais pour la santé
- Les masques deviendront bientôt (après 2020) le premier produit polluant du littoral, surpassant la cigarette (Bravo la France). Le masque est pratiquement indestructible. J'en collecte régulièrement sur la plage de Saint Cast.... Honte a ceux qui les amènent sur la plage. Il faudrait une interdiction d'amener des masques sur la plage.
- Pour les enfants: asthmes - perte de concentration - impossible - perte d'apprentissage - perte de repère - perte de quotient Intellectuel (Etude Danoise)

**Masks have very limited effect on transmission, have significant side effects and are very damaging for children and for the environment.**

**PCR tests are wrongly used and bear no reality on the actual propagation of the Covid Virus and number of patients**

# LATEST UPDATE COVID

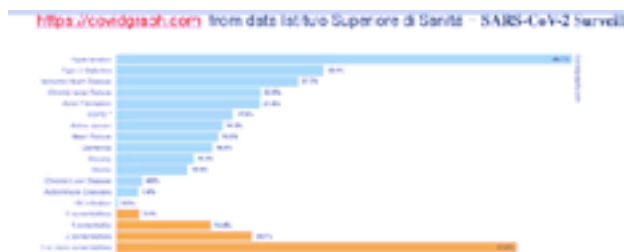
## Are there way to treat the Covid 19 effects

There are means to prevent or alleviate issues if one has symptoms

Issues	Reasons	Governments counterproductive measures (France)
Overweight	there is a direct correlation between BMI and risk of complication	Confinements / prevention of health walk / closing of pools / closing of stadiums.....
Regular exercise	Stimulate immune system	Confinements / prevention of health walk / closing of pools / closing of stadiums.....
Healthy diet	Stimulate immune system	Closing of restaurant - fast food only restaurant accessible
Healthy Mind	Stress negatively impacts health	Fear atmosphere - Confinement stress - restriction stress
Oxygenation	First symptom is the lack of oxygen in the blood	France government prevents patient to come to hospitals thus creating numerous death from lack of base treatment
Vitamin D	Stimulate immune system / Supplement or sunlight	Confinements / prevention of health walk / closing of pools. French Government wants to ban Vitamin D
Zinc	Studies have shown benefice of Zinc on viral issues	Confinements / prevention of health walk / closing of pools / closing of stadiums
Ivermectin	Used for years / cheap / Proven very effective	France government tracked doctors prescribing it
Hydrochloroquine	With or without Antibiotics , was cheap, safe and apparently effective in many countries	France government tracked doctors prescribing it

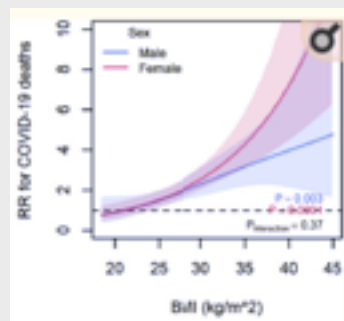
### Co-morbidities are the main issue

Average age of death was superior or equal to life expectancy. Hence: COVID should not be seen as a cause of death. Most studies, like this Italian early review, showed that 82% of the death was linked to 3 or more severe co-morbidities



### Obesity is the main culprit

For the study of Kayser Permanente and many others the BMI (Body Mass Index) is a perfect indicator of mortality



Countries and regions

with more obesity had more issues

- obésité en Chine est de 6%,
- 10% en Italie mais
- 42% aux Etats Unis avec 30% de plus en surpoids,
- UK 29% obèse (plus 40% en surpoids),
- France 16% obèse,
- Japan, Corée du Sud sont en dessous de 4%.

Co-morbidities are issues with any illness. COVID 19 seems not to be the reason of death. Obesity is likely the main indicator of issue and should be addressed. Countries with higher level had most death

There are many effective treatments to alleviate or prevent issue, simple and cheap

# LATEST UPDATE COVID

## Vaccines: do they prevent transmission?

### Inactivated Virus

All these inactivated vaccines, since 2003 it is known that they enhance the sensitivity to virus

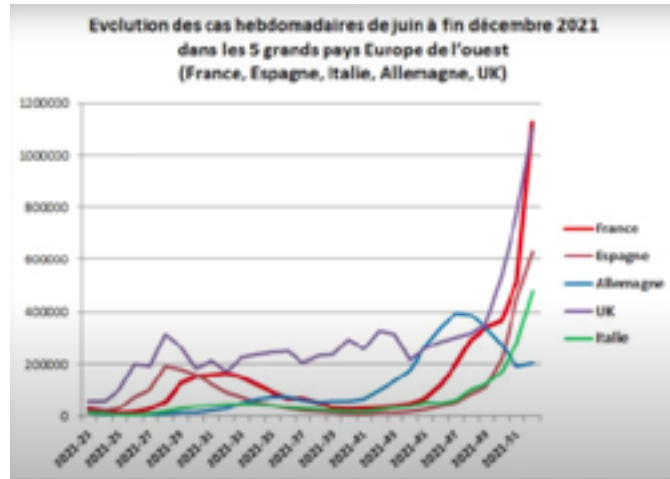
- Valvena: new European vaccine : no study available : EU purchased 60 million doses
- China: Coronavac/ Sinopharm - and Sinovac
- India: Covaxin

### mARN or DNA treatment

- Pfizer/bioNtech - Moderna - Astra Seneca
- No yet approved technologies - in phase 3
- Based on original strain (Alpha)
- Prophylactic genetic treatment
- Focus of only the SPIKE Molecule
- No-one has seen the Dossier and Pfizer and Moderna are fighting the release of data
- No long term studies available - control group has been vaccinated

### Vaccines effects

The most vaccinated countries even those who have extensive 3rd doses had most cases.



### Vaccinated persons are more sensitive to Virus

Sources: Scottish Ministry of health: First official comparative study of vaccines efficiency. Other studies coming from Denmark point to similar results:

Unvaccinated persons have the lowest number of cases per 100,000. Two doses vaccinated have 2.5 times more instances

Table 11: Age-standardised case rate per 100,000 individuals by week and vaccination status, 11 December 2021 to 07 January 2022

Week	Unvaccinated		1 Dose	
	No. tested positive by PCR	Age Standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Age Standardised case rate per 100,000 with 95% confidence intervals
11 December - 17 December 2021	5,545	482.87 (464.41 - 501.34)	2,552	574.16 (520.46 - 600.05)
18 December - 24 December 2021	9,078	721.29 (698.44 - 744.34)	4,630	998.62 (911.03 - 1,006.20)
25 December - 31 December 2021	14,465	1,242.18 (1,209.27 - 1,274.64)	7,667	1,892.78 (1,621.21 - 1,756.11)
01 January 2022 - 07 January 2022	12,485	1,092.88 (1,063.90 - 1,121.75)	6,300	1,527.57 (1,462.50 - 1,592.63)
Week	2 Doses		Booster or 3rd Dose	
	No. tested positive by PCR	Age Standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Age Standardised case rate per 100,000 with 95% confidence intervals
11 December - 17 December 2021	20,788	826.49 (805.83 - 843.18)	3,526	458.38 (400.89 - 516.79)
18 December - 24 December 2021	35,123	1,527.87 (1,501.89 - 1,563.88)	18,193	902.92 (841.06 - 962.98)
25 December - 31 December 2021	54,860	2,895.88 (2,850.00 - 2,938.53)	38,327	1,735.89 (1,701.98 - 1,809.48)
01 January 2022 - 07 January 2022	35,119	2,499.52 (2,462.50 - 2,536.53)	33,410	1,466.76 (1,418.18 - 1,515.33)

Vaccination does not reduce transmission. In opposite, it seems that there is an increased prevalence with vaccination. The mRNA vaccines, are still unproven and appear inefficient against the current variant.

# LATEST UPDATE COVID

## Vaccines: do they preserve from catching the virus?

### Antibody Dependent Vaccines effects Enhancement (ADE)

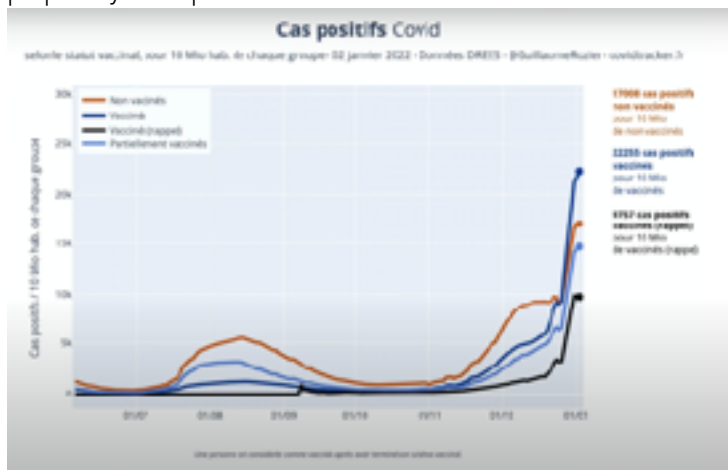
This well-documented issue with vaccines seems to be the culprit of the hyper-sensitivity to the virus after vaccination

- The issue is prevalent for both type of vaccination: Real inactivated virus and ARN therapies

### DREES report indicated that 50% of Hospital bed COVID patients are unvaccinated

Vaccination does not seem to prevent hospitalization of patients. It seems, as well, that the ARN treatment, weakens the immune system and make it more sensitive to other viruses

Unfortunately, it seems that vaccinated persons have more propensity to be positive for the virus



### Vaccinated persons seem to be more susceptible to be hospitalized

Sources: Scottish Ministry of health: First official comparative study of vaccines efficiency. Unvaccinated persons have the lowest number of hospitalization per 100,000. Two doses vaccinated have over 2.2 times more susceptible. The lower number for three doses, exclude the 2 weeks after the booster - the more prevalent period.... Why?

Table 12: Age-standardised rate of acute hospital admissions where an individual had a COVID-19 positive PCR test up to 14 days prior, on admission, or during their stay in hospital, by week and vaccination status, 11 December 2021 to 07 January 2022

Week	Unvaccinated		1 Dose	
	No. hospitalised	Age Standardised hospitalisation Rate per 100,000 with 95% confidence intervals	No. hospitalised	Age Standardised hospitalisation Rate per 100,000 with 95% confidence intervals
11 December - 17 December 2021	98	43.94 (24.34 - 63.54)	20	37.48 (8.44 - 66.53)
18 December - 24 December 2021	134	64.55 (38.80 - 91.11)	54	14.06 (-4.71 - 32.83)
25 December - 31 December 2021	160	64.17 (56.69 - 111.65)	43	53.62 (19.11 - 86.12)
01 January 2022 - 07 January 2022	145	99.17 (26.42 - 91.52)	46	63.78 (12.51 - 115.94)
Week	2 Doses		Booster or 3rd Dose	
	No. hospitalised	Age Standardised hospitalisation Rate per 100,000 with 95% confidence intervals	No. hospitalised	Age Standardised hospitalisation Rate per 100,000 with 95% confidence intervals
11 December - 17 December 2021	180	46.46 (26.71 - 67.21)	75	4.29 (3.07 - 5.60)
18 December - 24 December 2021	165	43.21 (32.10 - 56.33)	116	6.94 (5.36 - 8.53)
25 December - 31 December 2021	225	78.91 (58.85 - 96.76)	273	20.54 (15.80 - 25.28)
01 January 2022 - 07 January 2022	184	130.14 (81.50 - 178.79)	298	14.82 (12.12 - 17.53)

Vaccination status is determined as at the date of positive PCR test according to the definitions described in Appendix 6. The rates displayed within the grey/red section are considered preliminary and are subject to change as more data is updated. Age standardised hospitalisation rates are per 100,000 people per week, standardised to the 2011 European Standard Population adjusted to only include individuals 16 years old and over (see Appendix 6).

Not only the vaccination does not protect from more severe cases, but it seems that it increases the chances to end-up at the hospital. ADE might be one of the explanation.

# LATEST UPDATE COVID

## ARN Vaccines do not protect from severe form and death

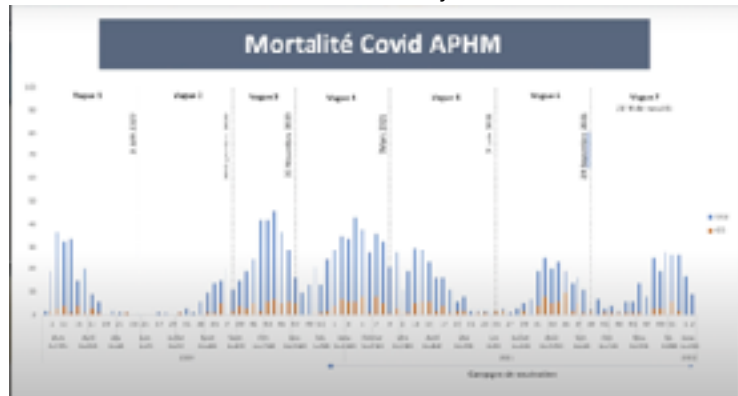
### Original Pfizer Dossier still secret

No common mortal has still seen the dossier. It had been kept secret. The numbers are questionable of 92% efficiency when first released for the original Alpha variant.

- The Lab managing the data admitted numerous failures, although no number have been seen yet
- Pfizer fights the release of the dossier for its "Vaccine". US Federal Court ordered the release of it.... They will release 500 pages a month... completed in 2050..
- Although the European Authority negotiated the deal, deputies were only allow to see the contract for 5 mn with no notes or pictures???
- Emergency approval for a product still in Phase 3 as not been checked by anyone

### Mortality rate remained the same after vaccination

With or without vaccination, the mortality rate remain the same.



Variants had same mortality rate, in highly vaccinated countries than not vaccinated countries. Actually, it is lower in not vaccinated ones

### Scottish study shows 1.5 times more death for vaccinated

Sources: Scottish Ministry of health: First official comparative study of vaccines efficiency. Two dose vaccinated persons reached 7.04 deaths per 100,000 compared to unvaccinated. Three doses vaccinated have lowest number but exclude the first two weeks, while most cases occur during that period . Why?

Table 13: Number of confirmed COVID-19 related deaths by vaccination status at time of test and age-standardised mortality rate per 100,000, 04 December 2021 to 31 December 2021

Week	Unvaccinated		1 Dose	
	No. of deaths	Age Standardised Mortality Rate per 100,000 with 95% confidence intervals	No. of deaths	Age Standardised Mortality Rate per 100,000 with 95% confidence intervals
04 December - 10 December 2021	54	5.56 (1.60 - 9.53)	6	17.24 (3.36 - 21.12)
11 December - 17 December 2021	98	7.13 (2.68 - 11.58)	5	3.93 (0.00 - 6.22)
18 December - 24 December 2021	6	1.72 (0.22 - 3.22)	7	15.27 (2.87 - 27.66)
25 December - 31 December 2021	8	4.78 (0.58 - 8.99)	1	0.36 (0.00 - 1.05)
Week	2 Doses		Booster or 3rd Dose	
	No. of deaths	Age Standardised Mortality Rate per 100,000 with 95% confidence intervals	No. of deaths	Age Standardised Mortality Rate per 100,000 with 95% confidence intervals
04 December - 10 December 2021	56	9.44 (5.73 - 12.15)	0	0.26 (0.00 - 0.46)
11 December - 17 December 2021	36	7.46 (5.03 - 10.28)	0	0.20 (0.00 - 0.33)
18 December - 24 December 2021	24	6.52 (3.78 - 9.25)	15	0.33 (0.16 - 0.49)
25 December - 31 December 2021	21	7.04 (3.87 - 10.30)	9	0.21 (0.07 - 0.34)

Vaccination status is determined as of the date of positive PCR test according to the definitions described in Appendix 1. A confirmed COVID-19 related death is determined as an individual who has tested positive by PCR for SARS-CoV-2 at any time post-diagnosis COVID-19 based on an underlying or contributory cause of death as the death certificate. Age standardised mortality rates per 100,000 people per week, standardised to the 2013 European Standard Population (see Appendix 6). This definition is for the purposes of evaluating the impact of the COVID-19 vaccine on confirmed COVID-19 deaths. The numbers reported in this section may differ from other published COVID-19 health data. Data are based on date of registration. In Scotland deaths must be registered within 8 days, although in practice, the average time between death and registration is around 7 days. More information on data definition, occurrence and registration can be found in the MRC website.

Vaccines do not seem to protect from severe cases or death. Claimed efficiency of 92% is still unverified and unverifiable. No one can review the data.

# LATEST UPDATE COVID

## Are the Pfizer/BioNtech and Moderna injections safe?

### CDC reported no issues on Syndrome Gillian Barre (SDB)

The CDC used a time comparison window to reach that conclusion. It counted SDB cases for 1 to 21 days after the vaccination, and 21 to 42 days window as a control. It found 8 cases on each window and concluded no effect of the vaccines. That length of window was not based on any scientific base. If it had used a different window 1 to 42 days and 42 to 96 days, it would have found a ratio of 16 to 2, or a significant impact of vaccines for SDB.

### FDA warned of significant effects

It warned that cases seen exceeded the expected cases for pulmonary embolism Acute Myocardial infarction - Immune thrombocytopenia - disseminated intravascular coagulation after 2 vaccination doses Unfortunately the FDA provided no data to verify the extent of the issue

### Over 35,000 deaths in Europe

Proving death from vaccination is difficult as causality proof is difficult. It is therefore significantly under-reported. Despite this Europe reported 35,000 deaths and 25,000 in the US.

### Other effects are dramatic

Although these "vaccines" are in Phase 3, pharmacovigilance is almost inexistent in Europe. Despite this, there are 30 to 50 fold impact following vaccination of ARN for Creutzfeld Jacob, blindness, Myocarditis, neurologic issues. Oncologists indicate increase in death rate following vaccinations. Long term effect of Myocarditis can be life time issues. Injected Spike protein leads to weakened immune systems and sensitivity to other virus.

### Injections lead to significant hospitalizations

According to the VAERS (Vaccine Adverse Events Reporting System) of the US, these ARN "vaccines" resulted in over 44,000 hospitalizations, more than double than all other vaccines together

Index	Manufacturers	Type	Hospitalizations
COVID19 (COVID19BIONTECH)	PFIZER/BIONTECH	COVID19	25198
COVID19 (COVID19MODERNA)	MODERNA	COVID19	17104
COVID19 (COVID19JANSSEN)	JANSSEN	COVID19	4722
INFLUENZA (SEASONAL) (FLUZONE)	CONVALENT LABORATORIES	FLU	2001
DTAP + HEPS + IPV(DIPHTERIE)	GLAXOSMITHKLINE BIOLOGICALS	DTAPHEPSP	1676
DTAP (NO BRAND NAME)	SANOFI PASTEUR	DTAP	1611
PRIVIO (PNEUMONIA)	MERCK & CO. INC.	PPV	1405
NEULIS + MUMPS + RUBELLA (MMR II)	MERCK & CO. INC.	MMR	1229
HPV (GARDASIL)	MERCK & CO. INC.	HPV4	1188
INFLUENZA (SEASONAL) (NO BRAND NAME)	PFIZER/MSD	FLU	1158
DTAP (INFANRIX)	SMITHKLINE BEECHAM	DTAP	1111
DTAP + IPV + Hib (PRENACTEL)	SANOFI PASTEUR	DTAPPHIB	1024
DTAP (TRISUMON)	LEDBETTER LABORATORIES	DTAP	1008
INFLUENZA (SEASONAL) (FLUVIR)	NOVARTIS	FLU	988
DTAP (TRIPEDIA)	CONVALENT LABORATORIES	DTAP	975
DTAP (BAYFACEL)	SANOFI PASTEUR	DTAP	936
HEP B (ENDGERE-IB)	SMITHKLINE BEECHAM	HEP	882
DTAP + Hib (TETRAHIB)	PFIZER/MSD	DTAPPHIB	748
HEP B (RECOMBINANT HB)	MERCK & CO. INC.	HEP	678
ZOSTER (ZOVIRIS)	GLAXOSMITHKLINE BIOLOGICALS	VARZOS	650
INFLUENZA (SEASONAL) (FLUZONE HIGH-DOSE)	SANOFI PASTEUR	FLU	649
VARICELLA (VARIVAX)	MERCK & CO. INC.	VARCEL	620
ZOSTER LIVE (ZOSTAVAX)	MERCK & CO. INC.	VARZOS	557
HEP A (HEPRIX)	SMITHKLINE BEECHAM	HEPA	513
HEP A (HEPRIX) (2010 LOT) (PREVIOUSLY HEPA)	SMITHKLINE BEECHAM	HEPA	497

### Injections lead to significant hospitalizations

The VAERS recorded 8,500 deaths in 10 month, directly related to the "vaccines". That is twice the number of vaccine death of the last 30 years for all vaccines.



These are generally under evaluated as causality is difficult to prove for vaccines. The average vaccine death per year was 161 for the last 30 years for all vaccines. 2021 in ten months that is 53 times more

ARN Injections issues appear very significant. EU, the CDC, the FDA which have pushed vaccination downplay or simply alter data to hide the danger of these vaccines which are only in phase 3



# LATEST UPDATE COVID

## New Vaccines very dangerous for children

### Children 12 to 17 years “vaccinated” VAERS published damaging numbers

#### Myocarditis

- 16 cases In 30 years for all vaccines
- 499 cases in 6 months in 2021

#### Blindness

- 121 cases In 30 years for all vaccines
- 109 cases already in 6 months in 2021. 62% occurred with 24 hours of “vaccination”. All of them irreversible.

#### Syncope

- 2000 cases In 30 years for all vaccines, never reached a peak of 500
- 2000 cases already in 6 months in 2021.

### Children had virtually no issues with COVID

The mortality rate for children was virtually nil. 92% of the COVID complication or death were persons over 55 years of age.

As for adults, obesity is a damaging criteria for COVID. In the US, with the issue of children obesity Covid remains a danger. However, obesity is the danger, not COVID

### For Children the benefit / risk factor is much below one

With the very low level of risk for children, vaccination does not seem to be necessary. With the underreported by numerous dangerous effect, it probably should be banned, possibly with the exception of severely obese children

### New Variant

The Omicron variant is much less lethal than previous for adult. For children it is insignificant. “Vaccines” seem inefficient against Omicron

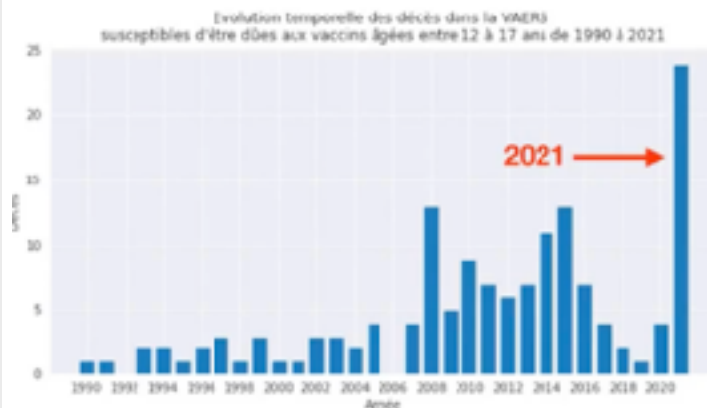
According to the VAERS (Vaccine Adverse Events Reporting System) children vaccinated with the ARN reached unprecedented levels of hospitalizations for children



Despite very few vaccinated children 12 to 17 years of age, 2021 resulting hospitalization reached 1437 in 10 months compared to 2227 in 30 years for all vaccines (74 per year).

### Injections to children resulting in many deaths

The VAERS counted 38 death in 4 months in 2021, compared to 123 in 30 years for all vaccines (4 per years) for children 12 to 17.



### Vaccination started for children 5 to 11 seem to show similar data

ARN Injections for children is not only useless but is dangerous with typical very damaging and severe side effects reaching levels many times that of all previous years for all real vaccines.

# LATEST UPDATE COVID TAKING ADVANTAGE OF CRISIS

## Some groups ride on COVID crisis

Medical doctors have vested interest in promoting COVID and Vaccination

- More visits
- Visits with Covid doubled the fees
- Vaccination is charged up to 50 Euro

## Hospital benefit from COVID identified patients

- Reduction in beds - reduction in costs
- COVID identified patient raises from 1 to level 4 of daily stay, therefore from Euro 200/day to 800/day
- Vested interest in finding Positive COVID patients

## Medical profession is directly linked to pharmaceutical research

- Participation in clinical studies monetarily rewards
- Nomination in studies
- Press or trade exposure

## Some portion of the population favored restrictions

- Civil servants had guaranteed revenues profited from reduced expenses (no transport) Benefited from no work and stay at home
- Restaurants, specially seasonal, had great seasons (confinement rushed) and were over-compensated during low season)
- Large corporation employees, specially tertiary had also reduced costs of transportation (forced telecommuting)

## Pfizer profits jumped

The last quarters growth of the Pfizer revenues since the vaccination reached unbelievable heights. 2021 revenues jumped to \$81 billion

**Pfizer's revenue from 1st quarter 2010 to 3rd quarter 2021**  
(in million U.S. dollars)



Profitability is also boosted as the clinical studies costs were minimized, and prices of "vaccines" are kept secret.

## Pfizer stock prices jumped since 2021

All investors to Pfizer made a lot of money. That include of course all funds



Pfizer capitalization doubled from ten years ago to reach \$300 billion.

The COVID pandemic was a boon not only for Pharmaceutical Companies promoting vaccines, but for many layers of the population with vested interest in the continuation

# LATEST UPDATE COVID

## THANKS TO COVID PROFITS JUMPED TO RICHEST

### Who directs the world?

#### National GDP levels

- US: \$21 Trillion
- Germany: \$3.5 trillion
- France: \$2.5 Trillion

#### Largest global funds have more power than large countries

Vanguard Inc.

- \$7.5 trillion worth
- Top 10 Holdings: Apple, Amazon, Microsoft, JPM, Charles Schwab

• \$7.1 trillion

Fidelity

- \$4.2 trillion

Blackrock Inc

- \$3.5 trillion

- Top 12 Holdings: IT: Apple, Microsoft, NVDA 10% - Communication: Google, FB, 7% - Finance: JP Morgan, Insurance, Visa 7% - Healthcare: J&J, Pfizer, United Health 7% - Consumer: Amazon, Tesla 4%

### Who directs the world?

ÉVOLUTION DE LA FORTUNE DES MILLIARDAIRES FRANÇAIS DURANT LA PANDÉMIE

Milliardaire	Fortune avant pandémie (Mds €)	Fortune pendant pandémie (Mds €)	Différence relative (%)
Bernard Arnault	80,3	102,1	26,3
Françoise Bettencourt Meyers	46,3	77,1	66,5
Thierry Brechet	33,2	48,1	44,9
Alain Ducasse	22,2	27,1	22,1
Georges Benoit	12,2	17,1	40,2
<b>Total</b>	<b>206</b>	<b>271</b>	<b>31,6</b>

France's top 5 wealthiest had an increase in wealth larger than all aids and accumulated debts of the country to Euro 173 billion.

### Connection between funds and governments

Large Funds are directly connected to large corporations. They are the members of all board of directors of all major corporations as the main owners of stocks. Large corporation make the portfolio of all these funds in a total symbiosis.



Large media have been acquired by the large corporations who influence directly through financial support to government, or with the media by influencing the public opinion.

For the COVID pandemic the link between Government, World Health institutions such as GAVI or WHO became evident with for example Bill and Melinda Gates foundation heavily implicated and guiding health decisions.

### Billionaire got a tremendous boost during pandemic

Wealth in \$Billion	Wealth 2019	Wealth 2022
Elon Musk	50.0	\$269
Jeff Besos	131	\$187
Bernard Arnault	76	\$164
Bill Gates (Microsoft + Foundation)	97.5	\$133
Larry Page (Google)	50.8	\$124
Mark Zuckerberg (Facebook)	62.5	\$124
Sergey Brin (Google)	50.0	\$119
Warren Buffet	82.5	\$117
Steve Ballmer (Microsoft)	50.0	\$113
Larry Ellison (Oracle)	62.5	\$107
<b>Total 10</b>	<b>712.8</b>	<b>1457</b>

Top billionaires doubles, tripled, quadrupled their wealth in a couple of years while economies were in recessions.

Most have wealth beyond that of most countries.

Media, IT, Investors, are the biggest winners.

Of course funds and large corporation are bigger

During the couple of years of the pandemic, billionaires' wealth, already vast was multiplied. More than ever, Billionaires and large funds direct the world

# LATEST UPDATE COVID

## DANGER OF TOTALITARIANISM

**Les dictatures sont pensées par des fous, instaurées par des salops et maintenues par des idiots**

Montesquieu (1689 - 1755)

### Rebel avec cause



Sociological studies have proven that 80% of the population, claim they would have behaved like this man.

... When confronted to similar choices, only 1% actually did.

- Are you in the 20% who supported the movement?
- Are you the 80% who claim they would have rebelled
- Are you the 1% who really would?

- 
- Are you one of the madmen?
  - Are you one of the bastards?
  - Are you one of the idiots?

### Rapporter les faits

Il s'agit juste de rapporter des faits et uniquement des faits

Toutes les informations données sont issues d'informations gouvernementales

Si une information provient d'une étude officielle, elle est toujours mentionnée.

### Même la science peut être remise en question

**Même les rapports scientifiques officiels peuvent être biaisés**

- Professeur Arnold Reilman. Rédacteur en chef de la revue médicale New England .... "La profession médicale a été achetée par l'industrie pharmaceutique en termes de pratiques médicales mais aussi en termes d'enseignement et de recherche... c'est honteux".
- Richard Smith, ancien rédacteur en chef du British Medical Journal, dans un article de 2013, souligne la similitude entre la mafia et l'industrie pharmaceutique. Elles gagnent toutes deux des sommes obscènes, produisent des morts et corrompent la politique.

- Croyez-vous et avez-vous cru aveuglément sans questions les gouvernements et les principaux médias ?
- Croyez-vous que les faits sont et ont été exposés équitablement ?
- Avez-vous des doutes sur quoi que ce soit, ou simplement des questions sans réponse ?
- Pensez-vous que toutes les entités privées et gouvernementales n'ont que votre intérêt et votre santé comme objectif et ne sont en aucun cas influencées au mieux ?

**Simplement... regardez les faits et ensuite faites votre propre opinion.**