

Former Pfizer Science Officer Reveals Great COVID-19 Scam

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✓ Fact Checked

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STORY AT-A-GLANCE

- › By November 2020 there were no excess deaths from COVID-19 even though cases increased
- › Data showed that many deaths – primarily people aged 45 to 65, with equal distribution between the sexes – was mainly due to heart disease, stroke and cancer, which suggests they were excess deaths caused by lack of routine medical care due to the pandemic restrictions
- › The PCR test is not a valid diagnostic tool and should not be done on the scale we're now doing it. The high rate of false positives is only fodder for needless fearmongering
- › Virtually no one who is asymptomatic has the live virus, but when you run the test at a cycle threshold over 30, meaning you amplify the viral RNA more than 30 times, you end up with a positive test even if the virus is inactive and noninfectious
- › According to Michael Yeadon, Ph.D., a former vice-president and chief scientific adviser of the drug company Pfizer, very few people need the COVID-19 vaccine as the mortality rate from the infection is so low and the illness is clearly not causing excess deaths

I've written several articles about scientists and medical doctors who question the official narrative about the COVID-19 pandemic and the global measures put into place because of it, from useless testing, mask wearing and social distancing, to lockdowns, tracking and tracing and the baseless fearmongering driving it all.

In the video above, British journalist Anna Brees interviews Michael Yeadon, Ph.D., a former vice-president and chief scientific adviser of the drug company Pfizer and founder and CEO of the biotech company Ziarco, now owned by Novartis.

In this 2020 film, he discusses several concerns, including his belief that widespread PCR testing was creating the false idea that the pandemic was resurging, as the total mortality rate is completely normal. He also discusses his concerns about COVID-19 vaccine mandates.

PCR Testing Is Causing a False 'Casedemic'

As I explained in "Asymptomatic 'Casedemic' Is a Perpetuation of Needless Fear," by using PCR testing, which cannot diagnose active infection, a false narrative has been created.

At the time, rising "cases," meaning positive tests, were being used as the justification to impose more severe restrictions, including lockdowns and mandatory mask wearing, when in fact positive tests have nothing to do with the actual spread of illness.

According to Yeadon, at the time of the interview, the U.K. had tested an estimated 30 million people, or close to half the population. "A large number of those tests have been recent," Yeadon says, noting that the definition of a "coronavirus death" in the U.K. was anyone who died, from any cause, within 28 days of a positive COVID-19 test.

“ You cannot have a lethal pandemic stalking the land and not have excess deaths. ~ Michael Yeadon, Ph.D.”

So, what we're seeing now is a natural death rate — about 1,700 people die each day in the U.K. in any given year, Yeadon says — but many of these deaths are now falsely attributed to COVID-19. "I'm calling out the statistics, and even the claim that there is an ongoing pandemic, as false," he says.

He challenges anyone who doesn't believe him to seek out any database on total mortality. If you do that, you will find that the daily death count is "absolutely bang-on normal," Yeadon says.

For some months, the death count is actually slightly lower than the average norm over the past five years. And, he adds, "You cannot have a lethal pandemic stalking the land and not have excess deaths."

Lack of Routine Medical Care Caused Uptick in Deaths

The slight uptick in deaths that are now being reported simply aren't directly due to COVID-19, he insists. Data show these deaths – primarily people aged 45 to 65, with equal distribution between the sexes – were mainly from heart disease, stroke and cancer, which suggests they were excess deaths caused by inaccessibility of routine medical care as people are either afraid or discouraged from going to the hospital.

These deaths may be characterized as being COVID-related, but that's only because they were falsely lumped into that category due to false positives being recorded within 28 days of death.

Again, people are being tested very regularly, and the rate of false positives is extremely high. All hospital patients to this day are also tested upon admission, so when they die – regardless of the cause – they're likely to have a false positive on their record, which then lumps them into the death tally for COVID-19.

"The longer you stay in hospital, the more likely you are to die, obviously,"
Yeadon says. *"You would be released if you were well and improving. So ... long-stay patients are both more likely to die statistically, and much more likely to be tested so often that they'll have a false positive test."*

That is what I think is happening ... It's a convenience for someone playing some macabre game, because I don't think it's an error anymore ... I've spoken to people in [public health] and they're embarrassed that they're not even being

allowed to characterize and publish the information you would need to know to work out how useful the test is. That's not being done."

Can You Get Reinfected?

Yeadon also says he's "sick and tired" of people claiming that immunity against SARS-CoV-2 may wane after a short time, leaving you vulnerable to reinfection. If you've been ill with COVID-19 and recover, you will have antibodies against the virus, and you will be immune, he says.

He understands that journalists may get this wrong, or may be given incorrect information, but if a scientist says this, "they are lying to you," he says. Yeadon categorically denies the premise that you can recover from COVID-19 and later get reinfected and experience severe illness again.

According to Yeadon, there are only two ways by which COVID-19 would not provide lasting immunity. The first would be if it destroys your immune system. The HIV virus, for example, which causes AIDS, disarms your immune system, causing permanent impairment. Hence you do not become immune to the HIV virus. Coronaviruses do not do that.

The second way is if the virus mutates, which is common among influenza viruses — and which we now know in 2022 did indeed happen. (For transparency, there were already reports in 2020 of SARS-CoV-2 mutating,¹ and some people did get reinfected with a slightly mutated version of the virus that made them sick again.)

Not only that, after the COVID antiviral came out, many people began experiencing rebound COVID cases.² One reason for a reinfection is because when a virus mutates, your immune system may not fully recognize it and will have to mount a defense again, thereby creating another set of antibodies. Rebound infections can occur in previously infected persons as well as after receiving Paxlovid, either from insufficient drug exposure or from having no immunity to the mutations.³

Hidden Agenda in Plain Sight

As noted by Yeadon, people are now changing the laws of immunology, which simply shouldn't happen. This should not be a political issue, but somehow it is being treated as one. He claims to have no ideas at all as to why these false narratives are being created, and why scientific truth that contradicts the mainstream narrative is being censored.

Others, however, have become more outspoken about this issue, pointing out how the pandemic is being used as a convenient excuse and justification for redistribution of wealth and the technocratic takeover of the whole world under the banner of a Great Reset to a "more equitable" social order and greener commerce.

It's being used to usher in social changes that simply could never be introduced without some sort of calamity, be it war or a biological threat, because they involve a radical limitation of personal freedoms and the elimination of privacy. Those in charge of pandemic response measures also refuse to take into account the price of these measures.

When making public health decisions, you need to calculate the cost in terms of lives saved and the price in dollars and cents of saving those people, against the cost of not implementing the measure in question. This is not being done. The question is why is such an illogical stance being taken?

Yeadon on Vaccination

Toward the end of the interview, Yeadon addresses the issue of COVID-19 vaccination. Many are nervous about it becoming mandatory, and rightfully so. Vaccine passports are already being rolled out, and all the indicators point to vaccination becoming a requirement for travel, perhaps even within national borders.

Having spent his career in the pharmaceutical industry, Yeadon fully supports vaccination, believing they prevent large numbers of deaths. However, when it comes to

SARS-CoV-2, he believes the vaccine will only benefit the elderly. For those over 80, a vaccine might give them a few more months of life.

"Nobody else needs this [vaccine]," he says. "You don't vaccinate a population because 1 in 1 million might have a bad outcome [from the infection]." He also strongly believes the vaccine must be voluntary:

"It's an appalling ... public platform to suggest that the only way we get our lives back is to mass vaccinate the population. Something very smelly is going on. It's simply not appropriate. I don't even think it would work."

In an open letter to the British health minister, Yeadon wrote:⁴

"I have read the consultation document. I've rarely been as shocked and upset. All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been in development for more than a few months. If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent.

This is because there are precisely zero human volunteers for whom there could possibly be more than a few months past-dose safety information. My concern does not arise because I have negative views about vaccines (I don't).

Instead, it's the very principle that politicians seem ready to waive that new medical interventions at this, incomplete state of development, should not be made available to subjects on anything other than an explicitly experimental basis. That's my concern.

And the reason for that concern is that it is not known what the safety profile will be, six months or a year or longer after dosing. You have literally no data on this and neither does anyone else.

It isn't that I'm saying that unacceptable adverse effects will emerge after longer intervals after dosing. No: it is that you have no idea what will happen yet, despite this, you'll be creating the impression that you do ...

I don't trust you. You've not been straightforward and have behaved appallingly throughout this crisis. You're still doing it now, misleading about infection risk from young children. Why should I believe you in relation to experimental vaccines?"

What Can You Do?

In his interview with Brees, Yeadon suggests medical professionals, especially those who are members of a professional society, who disagree with further pandemic measures – based on the medical facts – write an open letter to the government, urging them to speak to and heed the recommendations from independent experts.

Arm yourself with mortality statistics and the facts on PCR testing, so you can explain how and why this pandemic simply isn't a pandemic anymore. First and foremost, there are no excess deaths. The same number of people have died this year that, on average, have died in previous years. This simply wouldn't be the case if we had a lethal pandemic.

Second, the PCR test is not a valid diagnostic tool and should not be done on the scale we're now doing it. The high rate of false positives is only fodder for needless fearmongering. "People should demand to know what [the false positive] rate is," Yeadon says.

Additionally, "testing people who are well – it's just a madcap thing," he says. Virtually no one who is asymptomatic has the live virus, but when you run the test at a cycle threshold over 30, meaning you amplify the viral RNA more than 30 times, you end up with a positive test even if the virus is inactive and noninfectious.

"Let's get back to the facts," Yeadon says. "There are no excess deaths. But that's not what you hear from the BBC now, is it? I'm never going to trust the BBC again, by the way. I've watched BBC for 41 years. [They're] never coming back into my ears, because they've lied in my face all year ... There's a fraud going on ..."

You're walking into voluntary house arrest when there are no excess deaths. Why are you doing that? Seriously? ... I'm fearful, because it doesn't make any sense and there are no benign outcomes."

Get Organized

It's easy to get so confused that you can no longer think straight these days. As explained by Dr. Peter Breggin, featured in "[Psychiatrist Blows the Whistle on Pandemic Fearmongering](#)," when you add uncertainty to fear you end up with anxiety, a state in which you can no longer think logically.

If this applies to you, I urge you to turn off mainstream media news and turn to independent experts, such as Yeadon. Do the research. Read through the science. Reorient yourself to the facts and turn off the propaganda. Next, join a group so that you can have support.

A number of groups have formed around the world that are now rising up against mask mandates, mandatory vaccinations and lockdowns. A few examples of such groups include:

- [Us for Them](#), a group campaigning for reopening schools and protecting children's rights in the U.K.
- [Keep Britain Free](#)
- The [COVID Recovery Group](#) (CRG), founded by 50 conservative British MPs to fight lockdown restrictions⁵

Additional sources of information and groups fighting for truth and transparency that are worth checking out include:

- [The Great Barrington Declaration](#),⁶ which calls for an end to lockdowns. As of November 30, 2022, it had been signed by 47,278 medical practitioners, 15,989 medical and public health scientists, and 870,827 concerned citizens⁷
- Robert F. Kennedy Jr.'s [The Defender](#), a newsletter that publishes "banned" news

- The German COVID-19 Extra-Parliamentary Inquiry Committee ([ACU2020.org](https://www.acu2020.org)), which is launching an international class-action lawsuit against a long list of authorities over the global pandemic response
- In the U.S., doctors have formed a group called America's Frontline Doctors, which is fighting for medical freedom rights

Sources and References

- ¹ [The Straits Times August 17, 2020](#)
- ² [CDC Health Advisory May 24, 2022](#)
- ³ [UC San Diego Health July 31, 2022](#)
- ⁴ [Principia-scientific.com November 10, 2020](#)
- ⁵ [City AM November 11, 2020](#)
- ⁶ [Great Barrington Declaration](#)
- ⁷ [Great Barrington Declaration Signatures](#)