



## Covid Lies: Variants of Concern and the Only Way Out is Universal Vaccination

### Description

**“The Covid-19 gene-based injections are not recommended and must not be coerced or mandated. Crucially, the vaccine passports database must be destroyed.**

**“Serious crimes have obviously been committed. It is not the purpose of this document to accuse anyone or to assemble the evidence against them at this time.” – Dr. Mike Yeadon**

By [Dr. Mike Yeadon](#), 10 April 2022

### THE NARRATIVE POINT 10

**Variants** of the virus appear and are of great concern.

### IMPORTANCE

I believe the purpose of this fiction was to extend the apparent duration of the pandemic—and the fear—for as long as the perpetrators wished it. While there is controversy on this point, with some physicians believing reinfection by variants to be a serious problem, I think untrustworthy testing and other viruses entirely is the parsimonious explanation.

### THE REALITY

I come at it as an immunologist. From that vantage point, there is very strong precedent indicating that recovery after infection affords immunity extending beyond the sequence of the variant that infected the patient to all variants of SARS-CoV-2. The number of *confirmed* reinfections is so small that they are not an issue, epidemiologically speaking.

We have good evidence from those infected by SARS in 2003: they not only have strong T-cell immunity to SARS but cross-immunity to SARS-CoV-2. This is very important because SARS-CoV-2 is arguably a variant of SARS, there being around a 20% difference at the sequence level.

Consider this: if our immune systems are able to recognise SARS-CoV-2 as foreign and mount an immune response to it, despite never having seen it before, because of prior immunity conferred by infection years ago by a virus which is 20% different, it's logical that variants of SARS-CoV-2, like delta and omicron, will not evade our immunity.

No variant of SARS-CoV-2 differs from the original Wuhan sequence by more than 3%, and probably less.

## CONCLUSION AND VERDICT

### FALSE

- Normal rules of [immunology](#) apply here.<sup>22</sup> Despite the publicity to the contrary, SARS-CoV-2 mutates relatively slowly and no variant is even close to evading immunity acquired by natural infection.
- This is because the human immune system recognises 20–30 different structural motifs in the virus, yet requires only a handful to recall an effective [immune memory](#).<sup>23</sup>
- The variants story fails to note “Muller’s Ratchet,” the phenomenon in which variants of a virus, formed in an infected person during viral replication (in which “typographical errors” are made and not corrected) trend to greater transmissibility but lesser lethality. If this was not the case, at some point in human evolution, we would have expected a respiratory viral pandemic to have killed off a substantial proportion of humanity. There is no historical record for such an event.
- I do not rule out the possibility that the so-called vaccines are so badly designed that they prevent the establishment of immune memory. If that is true, then the vaccines are worse than failures, and it might be possible to be repeatedly infected. This would be a form of acquired immune deficiency.

## THE NARRATIVE POINT 11

The only way to end the pandemic is through **universal vaccination**.

### IMPORTANCE

This, I believe, was always the objective of the largely faked pandemic. It's NEVER been the way prior pandemics have ended, and there was nothing about this one that should have led us to adopt the extreme risks that were taken and which have resulted in hundreds of thousands, probably millions, of wholly avoidable deaths.

### THE REALITY

The interventions imposed on the population didn't prevent spread of the virus. Only individual isolation for an open-ended period could do that, and that's clearly impossible (hospital patients and residents of care homes have to be cared for at the very least and additionally, the nation has to be supplied with food and medicines).

## All the interventions were useless and hugely burdensome.

Yet we have reached the end of the pandemic, more or less. We would have done so faster and with less suffering and death had we adopted measures along the lines proposed in the Great Barrington Declaration and used pharmaceutical treatments as they were discovered, plus general improvements to public health, such as encouraging vitamin supplements.

## CONCLUSION AND VERDICT FALSE

### FALSE

- It was NEVER appropriate to attempt to “end the pandemic” with a novel technology vaccine. In a public health mass intervention, safety is the top priority, more so even than effectiveness, because so many people will receive it.
- It's simply not possible to obtain data demonstrating adequate longitudinal safety in the time period any pandemic can last.
- **Those who pushed this line of argument and enabled the gene-based agents to be injected needlessly into billions of innocent people are guilty of crimes against humanity.**
- It quickly became apparent that [natural immunity](#) was stronger than any protection from vaccination,<sup>24</sup> and most people were [not at risk](#) of severe outcomes if infected.<sup>25</sup>
- Even children who were [immunocompromised](#) are not at elevated risk from Covid-19, so the advice that such children should be vaccinated is lethally flawed.<sup>26</sup>
- These agents are clearly [underperforming](#) against expectations.<sup>27</sup>

## References

- <sup>22</sup> Tarke A, Sidney J, Methot N, et al. Negligible impact of SARS-CoV-2 variants on CD4+ and CD8+ T cell reactivity in COVID-19 exposed donors and vaccinees. *BioRxiv*, Mar. 1, 2021.
- <sup>23</sup> Tarke A, Sidney J, Kidd CK, et al. Comprehensive analysis of T cell immunodominance and immunoprevalence of SARS-CoV-2 epitopes in COVID-19 cases. *BioRxiv*, Dec. 9, 2020.
- <sup>24</sup> Gazit S, Shlezinger R, Perez G, et al. Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. *MedRxiv*, Aug. 25, 2021.
- <sup>25</sup> Alexander PE. 150 plus research studies affirm naturally acquired immunity to Covid-19: documented, linked, and quoted. Brownstone Institute, Oct. 17, 2021. <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquiredimmunity-to-covid-19-documented-linked-and-quoted/>
- <sup>26</sup> Chappell H, Patel R, Driessens C, et al. Immunocompromised children and young people are at no increased risk of severe COVID-19. *J Infect.* 2022 Jan;84(1):31-39.
- <sup>27</sup> Alexander PE. 46 efficacy studies that rebuke vaccine mandates. Brownstone Institute, Oct. 28, 2021. <https://brownstone.org/articles/16-studies-on-vaccine-efficacy/>

## Source

Dr. Mike Yeadon wrote a paper titled '[The Covid Lies](#)' which was published on the [Doctors for Covid Ethics](#) website. This paper is a working draft dated 10 April 2022.

At 31 pages long the paper is longer than most would read in one sitting. As it details vital information for all of us, we are republishing his paper in more easily digestible portions in a series of articles, one each day. This is the fifth in our series, 'Covid Lies', and covers lies 10-11 as listed in Dr. Yeadon's paper.

By Rhoda Wilson

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