

Malice Aforethought on the COVID-19 Pandemic: “This is a global coup d’etat and intentional mass murder.” Dr. Mike Yeadon

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[Mark Taliano](#) 10 September 2023

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A message written to a trusted campaigning friend, who is struggling to accept that what is happening is intentional. It is indeed a big step to move from justifiable criticism of presumed incompetent politicians and industrialists to putting the pieces together in such a way that they can point only to intentionality. See what you think.

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Dear X,

I find that attempting to put all the information together in such a way as to allow for the whole even to be benign or at least not wholly malevolent is impossible.

That’s because, as you’ve no doubt heard me say, I believe it is malevolent!

I too struggled early on, arguing “surely they must have known this!?” Etc.

Once I allowed for the possibility that all the bad things were intentional, I find all the rest falls into place. Obviously that alone doesn’t prove that it was intentional.

Some early clues to intentionality are the coordinated responses of scores of governments to the alleged pandemic: lockdowns, masking, mass testing of the well, the misapplication of PCR-based techniques to bulk testing of clinical samples, selective business & school closures, border restrictions etc.

Not a single country had any of this as a core part of their own pandemic preparedness plan.

Even the WHO’s scientific evaluation of NPIs concluded none of them worked & the only

changes worth a dime were asking those with symptoms to remain at home until recovered & to increase the frequency of hand washing (because the route of transmission wouldn't initially be known for sure).

I argued at the time that the only way all the countries could have adopted all these useless yet damaging & costly NPIs is if there was supranational coordination.

Whether that from WHO, WEF, etc., I don't know. But illegitimate in any case.

We now know that they knew that imposing these restrictions would save nobody, yet the negative consequences would be devastating, even lethal for some, who would no longer have access to the medical care they needed. Additionally, the use of furlough was obviously going to be enormously damaging to sovereigns who were already borrowed to the hilt.

I note the widespread adoption of an American term, furlough, into public discourse. In U.K. we never previously used the term. Nobody remarked on its arrival, which telegraphed the leading role played by Americans.

Then we have the imposition of radically altered medical protocols.

Because of my long exposure to matters respiratory, I knew immediately they began panicking about needed 30,000 mechanical ventilators that something truly demonic was at hand. It's never appropriate, in a patient with an unobstructed airway & an intact chest wall to sedate, intubate and ventilate them. Mechanical ventilation is certainly a marvellous, life-saving thing, but it comes with serious risks to the frail patient, in the form of ventilator acquired pneumonia, lung injury from use of pressure to inflate the lungs and more. The appropriate treatment would be an oxygen mask, single, low dose benzo, a cup of tea and a biscuit and a caring hand upon an arm.

In the USA as well many, once in this vulnerable state, were given remdesivir & not given total, intravenous nutrition. In most cases it was just a matter of time before they died.

In care homes, there was indiscriminate use of inappropriately high doses of midazolam and morphine. Not only high doses but repeatedly given to their elderly charges. They'd been told to do it by the highest medical authorities in the land and so few questioned it.

My PhD by coincidence was in this area, the effect of opiates on respiratory function. The discovery of multiple opiate receptors raised the possibility that it might be possible to invent receptor selective ligands that would relieve pain with reduced respiratory depression. Unfortunately, both are mediated primarily by mu opiate receptors, both centrally and in the periphery.

The combination of opiate agonists and benzodiazepines is contraindicated in patients unless close monitoring (for signs of respiratory depression) was in place.

It isn't & cannot be in a care home. They too were murdered in large numbers.

Finally, in the community, the family doctors were cautioned not to prescribe antibiotics in cases of covid "because antibiotics cannot treat viral illnesses". It's well known that what is usually termed secondary bacterial infection is generally what actually leads to death in this situation. However, the records show that prescriptions for antibiotics for suspected

bacterial infection of the lungs fell by 50% & large numbers of people died avoidable deaths (and rather horrible deaths, too).

It's not possible to regard all of this evidence without concluding that malice aforethought was at work here. It's literally diabolical, what they did.

How it was done with so little pushback still confuses me. I do know that from the late-1990s right through late-2019, there was a sequence of tabletop simulations of global pandemic scenarios & bioterrorism scenarios, which allowed the perpetrators to hone their craft in the responses & control measures imposed. I believe some of these were translated onto the ground, giving emergency response team a chance to form & to rehearse what most of them thought were appropriate, given the fictional set up, though this is speculative.

Then we come to the "vaccines". Given a career in pharma and biotech, I knew that it was impossible to create a vaccine in under 5-6 years if they were going to demonstrate clinical safety and hone manufacturing to yield the customarily high quality manufacturing necessary to produce tightly defined final drug product. If the latter if not done, it's pointless doing the former, because what would otherwise be injected wouldn't be what had been used in the clinical trials.

In other words, if there was a need for a new vaccine, you would never even contemplate running such a program, because no pandemic in history lasts a fraction of the minimum time necessary to create a safe and effective new vaccine.

Yet they went ahead. This too is malevolent, let alone the extraordinary lying, censorship & smearing of dissenters.

Given my entire career used "rational drug design" principles to design and test molecules, I was able to put myself in the shoes of the designers of the jabs.

There are several, completely obvious safety issues built into these products.

One is the axiomatic induction of "autoimmune" responses, regardless of which antigen was selected.

The next was choice of antigen, where no one would pick spike protein, because it was highly likely to be directly toxic, it's subject to the most rapid mutation (so a vaccine might lose efficacy) & also it's the least different from human proteins (and so might trigger bystander attacks on even somewhat similar self proteins).

Yet all four leading players chose this antigen. What a coincidence! I'd have called up my peers in the other companies to endure we didn't do that. That's because it would be highly undesirable to have common risks to all programs.

On formulation, the mRNA-based products both selected LNPs to encapsulate their message. Yet there was industry knowledge that these not only travel all over the body including into the brain but that they accumulate in the ovaries.

Yet, knowing this, the companies & regulators went ahead and then others compounded the toxicity risk by recommending these injections in pregnant women and children.

I was still slow to piece together all this evidence of carefully thought out harms. But

eventually I got there and have been speaking in what many regard as extreme terms ever since.

I'm afraid there's no hiding from the reality that this is a global coup d'état and intentional mass murder.

Worse, we see the encroachment of surveillance technology and legal powers to introduce digital ID & CBDC as well as to eliminate cash.

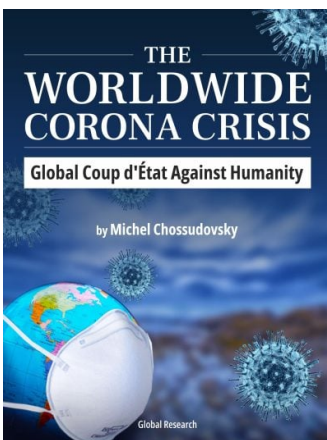
It's not difficult to come up with scenarios where presentation of digital ID will become mandatory.

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by Michel Chossudovsky

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