

SCHEDULE 2: COVID 19 EVIDENCE

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A. ADMISSIONS THAT; NO VIRUS HAS EVER BEEN ISOLATED, NOR SHOWN TO CAUSE COVID-19, NOR CLAIMED TO BE TRANSMISSIBLE, NOR THAT ASYMPTOMATIC CARRIERS EXIST, NOR THAT ANY 'VACCINE' HAS EVER WORKED AND NEITHER DOES THIS ONE

- 1) **DO VIRUSES EXIST?** To date there have been no negative control experiments that meet scientific credibility of the existence of a 'virus'. It's meaning has also changed through time as its etymology shows, essentially being an unknown agent causing harm:

*"late 14c., "poisonous substance," from Latin virus "poison, sap of plants, slimy liquid, a potent juice," from Proto-Italic *weis-o-(s-) "poison," which is probably from a PIE root *ueis-, perhaps originally meaning "to melt away, to flow," used of foul or malodorous fluids, but with specialization in some languages to "poisonous fluid" (source also of Sanskrit visam "venom, poison," visah "poisonous;" Avestan vish- "poison;" Latin viscum "sticky substance, birdlime;" Greek ios "poison," ixos "mistletoe, birdlime;" Old Church Slavonic višnja "cherry;" Old Irish fi "poison;" Welsh gwy "poison"). The meaning "agent that causes infectious disease" is recorded by 1728 (in reference to venereal disease); the modern scientific use dates to the 1880s. The computer sense is from 1972."*
https://www.etymonline.com/search?q=virus&utm_source=extension_submit

- 2) **IF NO VIRUS HAS BEEN SHOWN TO EXIST HOW CAN THEY CAUSE HARM?**

To answer this question in 1884 the gold standard was created for causation known as Koch's Postulates, later slightly modified but includes:

- a) Description of unique harm,
- b) Isolation and culture of the claimed infectious agent,
- c) Reinfection in healthy volunteers,
- d) Showing the same unique symptoms,
- e) Reisolation to confirm it is the same isolate infectious agent.
- f) This is then peer reviewed giving the methodology credibility, and
- g) once confirmed ,by 2 other independent scientist peer reviewed repetitions, getting the same result by following the same methods, becomes a scientific certainty.

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h) THIS IS ADMITTED, AND HENCE UNDISPUTED, AS THE GOLD STANDARD IN ONE OF THE 2 SOURCE PAPERS DETAILED NEXT.

- 3) **SO WHAT IS SARS-COV2?** It is not disputed that some RNA is expelled from a diseased cell, but there are competing beliefs on what causes that.
- a) It is admitted, and hence not disputed, by many global organisations and governments, including Australia, New Zealand, Canada, Ireland, and the UK, including but not limited to, The Cabinet office, The House of Commons, The House of Lords, Public Health England and the Department of Health and Social Care) who have no record of an uncontaminated, isolated SARS-CoV2 virus, and hence is merely a theory that it exists, which means it is currently merely a fiction of law.
 - b) Many universities have also confirmed the same.
 - c) Long list of FOI admissions for download [here: https://www.fluoridefreepeel.ca/?s=covid-19](https://www.fluoridefreepeel.ca/?s=covid-19)
 - d) Herein, I will only refer to the UK documents admissions.

4) **BUT WE HAVE BEEN TOLD SARS-COV2 IS A THREAT TO OUR WAY OF LIFE?**

That depends on who you listen to which has created your current belief:

- a) **The original science identifying upon which all other science is based:**
 - i) Identification of a novel coronavirus, causing severe pneumonia in humans, a descriptive study (published 05/05/2020) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7147275/>
 - ii) A Novel Coronavirus from Patients with Pneumonia in China, 2019 20 Feb 2020 <https://www.nejm.org/doi/10.1056/NEJMoa2001017>
 - iii) **in which both studies confirmed:**
 - iv) Samples were collected from severe pneumonia patients, collected in sterile cups to which transport medium was added, which were centrifuged and pieces of RNA extracted which were identified, and then a computer was used to create a model joining pieces of RNA.
 - v) Confirming no complete 'virus' was ever isolated, but pieces of RNA computer generated into a theoretical 'virus' later to become known as SARS-CoV2.
 - vi) The only association with what is called COVID-19, is that some pieces of RNA are in common with the patients, which did not identify as known models of 'viruses'.
 - vii) Both cause and transmission were unknown and require urgent investigation.
 - viii) **The latter confirms the scientific gold standard of causation is Koch's Postulates for certainty of causation (at least that is the standard the Chinese scientists work to!).**

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- b) **The Cabinet Office, The House of Commons, The House of Lords, Public Health England and the Department of Health and Social Care, have admitted in writing, and hence it is not disputed, none have any evidence, as none hold any records:**
- i) that show SARS-CoV2 has ever been isolated, hence making it impossible to have been identified with any scientific certainty, and
 - ii) that the claimed SARS-CoV2 virus has any unique, identifiable RNA, hence making it impossible for SARS-CoV2 to be identified with scientific certainty by any test.
 - iii) Written FOI admissions can be downloaded [here](https://www.dropbox.com/s/geu6rctmo5j5wy0/FOIs.pdf?dl=0):
<https://www.dropbox.com/s/geu6rctmo5j5wy0/FOIs.pdf?dl=0>
- c) **So there is no possible or rational reason for anyone to believe SARS-CoV2 is a threat to our way of life, and the only explanation is that you have allowed a false belief to be planted in your mind, upon which you act 'as you do'.**
- 5) **SO IF THERE IS NO CREDIBLE EVIDENCE SARS-COV2 EXISTS, HOW CAN IT CAUSE COVID-19?**
- a) In question 3, it was affirmed scientific causation is established by Koch's Postulates, which to date has not been done.
 - b) Also answering question 3, we saw there was never a claim that SARS-CoV2 causes COVID-19, beyond a mere association, however this was fraudulently misrepresented in subsequent papers as 'Isolation of SARS-CoV2 and its causation of COVID-19,' where it is clear a few have benefitted from this fraud personally, at the expense of the many.
 - c) **First COVID-19 must be defined:** To date there still are no unique identifying symptoms to diagnose COVID-19, and again:
 - i) **The Cabinet Office, The House of Commons, The House of Lords, Public Health England and the Department of Health and Social Care, have admitted in writing, and hence it is not disputed, none have any evidence as none hold any records:** That Covid-19 does not have any unique symptoms, hence by impossibility COVID-19 is not something unknown to humanity.
 - d) **FURTHER IT IS ADMITTED, AND HENCE NOT DISPPUTED SARS-CoV2 IS NOT KNOWN TO CAUSE COVID-19 BY:**
 - i) **The Cabinet Office, The House of Commons, The House of Lords, Public Health England and the Department of Health and Social Care, have admitted in writing, and hence it is not disputed, none have any evidence, as none hold any records:** That SARS-CoV-19 causes Covid-19, hence by impossibility the claim SARS-CoV2 causes COVID-19 is not supported.

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e) **for both** Written FOI admissions can be downloaded [here](https://www.dropbox.com/s/geu6rctmo5j5wy0/FOIs.pdf?dl=0):

<https://www.dropbox.com/s/geu6rctmo5j5wy0/FOIs.pdf?dl=0>

6) SO HOW DID THOSE GOVERNING DETERMINE THERE IS A PROBLEM?

a) **In the FOI's the Cabinet Office admitted, and hence is not disputed,** they acted irrationally in a matter of such importance, but merely acted on the **advice of a yet unknown people that:**

"Coronavirus Disease, or Covid-19, is caused by a new virus called SARS-CoV-2."^[page 13 of the FOI's]

b) Also, the House of Lords admitted, and hence not disputed, they acted irrationally in a matter of such importance and **did not question but assumed:**

"Evidence submitted to the inquiry starts from the premise (which so far as we know is uncontested) that the SARS-COV-2 virus causes the COVID-19 illness"^[page 35 of FOI's]

i) which is a blatant lie as already at that time it was hotly contested including in the UK public media!

c) **If Boris advises you to jump off a cliff are you blindly going to follow his command as that would be irrational, so why are you enforcing what they have already told you is not law, but advice and guidance?**

7) SO IF SARS-COV2 IS NOT AN INFECTIOUS VIRUS, WHAT IS IT?

There are competing beliefs, or theories, but all in common do not dispute it is an excretion from a diseased cell. The differences are only what causes that disease!

8) BUT THEY SAY (RT)PCR, LATERAL FLOW, ANTIGEN OR ANTIBODY TESTS PROVE IT IS TRUE AND I HAVE NOT BEEN LIED TO AS YOU CLAIM?

a) In question 4 it is admitted, and hence not disputed, RNA exists, and by impossibility as there has never been an isolated virus, and that SARS-CoV2 has no unique RNA, any form of RNA testing is meaningless, so any claim based upon this type of test is baseless and untrue, that anyone may be asymptomatic, and therefore a threat to anyone else! That is a lie and a fraudulent claim for the benefit of a few at the expense of the many.

b) In question 5 it is admitted, and hence not disputed, the RNA does not cause any unique harm and hence, even if other tests do detect something related to the RNA, there is no causal evidence it is from SARS-CoV2, and again any such claims would be a lie, and a fraudulent claim for the benefit of a few at the expense of the many.

c) When Tedros in his speech on the 16 March 2020, said "test, test, test" which was well drummed in by politicians and the media into people's beliefs, they ignored his next sentence:

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"Test every suspected case = people showing symptoms, or having been in high risk contact with a COVID-19 patient.

- i) The reason he followed with his second statement, is that it is undisputed, at best, that testing is only a diagnostic tool, and is not a confirmatory test!
- ii) This is easily verifiable where the interpretation of the test result depends on the input of the Pre-test probability, as you can play with yourself on [Interpreting a covid-19 test result](https://www.bmj.com/content/369/bmj.m1808)
<https://www.bmj.com/content/369/bmj.m1808>
- d) Also, the advice from all authorities is to only get tested if you are showing signs or symptoms, admitting and thereby it is not disputed, testing is only a diagnostic tool and nothing else, and it clearly tells you so on their landing coronavirus webpage at <https://www.gov.uk/coronavirus>
- e) FURTHER: Neither PCR, nor LFD can determine the source of RNA they are testing, and in any event cannot determine if what they detect is infectious, thereby making case definition a logical fallacy.

6. SARS-CoV-2 re-testing in staff, patients and residents in health and social care settings

*Immunocompetent staff, patients and residents who have tested positive for SARS-CoV-2 by PCR should be exempt from routine re-testing by PCR or LFD antigen tests (for example, repeated whole setting screening or screening prior to hospital discharge) within a period of 90 days from their initial illness onset or test (if asymptomatic) unless they develop new COVID-19 symptoms. This is because **fragments of inactive virus can be persistently detected by PCR** in respiratory tract samples following infection – long after a person has completed their isolation period and is no longer infectious.*

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

9) SO WHY WOULD THEY TEST?

- a) I see no logical, rational reason other than follow the money...
- b) There are a few people who are making fortunes on testing at the expense of the many!
- c) Also it is critical to get people to believe they are a threat to others by claiming they are asymptomatic carriers.

10) BUT ASYMPTOMATIC CARRIERS ARE THE FOUNDATION OF THE NON PHARMACEUTICAL INTERVENTIONS BEING IMPOSED?

- a) That is correct, and it is all based upon still, to date, non scientific, dogmatic beliefs, dating back centuries, about transmission of a virus, many of which were scientifically proven to be false in the 1918/9 Spanish Flu pandemic, and reaffirmed in the 2 peer reviewed articles in question 4, as well as many, many other peer reviewed articles!

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- b) To date, there is not one scientific method that has experimentally achieved the transmission of an infectious virus from a sick person to a healthy person, let alone that being peer reviewed or being verified by two further independent scientists!

11) SO WHY ARE THEY IMPOSING NON PHARMACEAUTICAL INTERVENTIONS?

- a) **There are two parts to that question.**
- b) Firstly we have seen they have no scientific basis, so if we look at the obvious problems with them we may find some possible speculative reasons such as:
- i) **Social distancing** - it is claimed the 'virus' can spread in exhaled droplets.
 - ii) **Masking** - which is an easy sign for people to discriminate against one another by creating social divide, creating a breach of the public peace. Remember the atrocities of WWII where the Jews were forced to wear armbands... easily identifiable as the enemy without evidence; masking is no different.
 - iii) **Isolation and lockdowns** - which removes the normal human interactions where people discuss and question their beliefs and observations and maintain sanity.
 - iv) **Shutting down the middle class** - have you noticed how all the essential businesses are large corporations, and the small businesses are deemed non essential?
- c) **Secondly, are they imposing non pharmaceutical interventions, or are you?**

12) BUT THEY SAY THE 'VACCINATION' IS THE HERO THAT IS GOING TO SAVE US?

- a) I think from what evidence we have so far, that too is a totally unsupported belief, derived from mythology and perpetuated by the entertainment industry, that there is a super hero coming to our rescue!
- b) I the 1918/9 Spanish Flu following logic and reason the American Public Health Authority (APHA), as it was known then, concluded in respect of their findings, as follows:
- i) *"We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, **if we have learned anything, it is that we are not quite sure what we know about the disease.**"*⁶⁹
 - ii) ***...because the cause of influenza was unknown, there was no logical basis for a vaccine to prevent the disease... but there was no evidence that any of the vaccines currently available were effective...***
 - iii) *"...During the pandemic of 1918–1919, the profession was forced to develop standards for vaccine trials."⁵³ ..."*
 - iv) *"...And too many trials operated with poor observation and imperfect data collection."^{54,55} ..."*

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- v) *"Under these more controlled conditions, Rosenow's vaccine offered no protection whatsoever. McCoy's article appeared as a one-column report in the December 14, 1918, edition of the Journal of the American Medical Association (JAMA).⁵⁶"*

VACCINES The State of Science, Microbiology, and Vaccines Circa 1918 (2010):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862332/>

- c) And as recently as 2018, it is clear we have actually regressed, and have allowed the lessons from history to be forgotten, and that is not only the causation claims that vaccines work, but even further back into the mythology, prior to Koch's Postulates being expressed in 1884, whose highly esteemed 'Cochrane Review's' by " *members and supporters come from more than 130 countries, worldwide. Our volunteers and contributors are researchers, health professionals, patients, carers, and people passionate about improving health outcomes for everyone, everywhere. Our global independent network gathers and summarizes the best evidence from research to help you make informed choices about treatment and we have been doing this for 25 years.*

We do not accept commercial or conflicted funding. This is vital for us to generate authoritative and reliable information, working freely, unconstrained by commercial and financial interests."

stated in their conclusion in **Why have three long-running Cochrane Reviews on influenza vaccines been stabilised?** stating the **problems identified in current science as:**

- i) *"...The third condition is more complex: the development and testing of a new **causal paradigm** for ILI and influenza.*
- ii) *There is **little evidence** on prevention of complications, **transmission...***
- iii) *The **uncertainty over the aetiology [CAUSATION = KOCH'S POSTULATES = SAME PROBLEM AS 170 YEARS AGO!]** of ILI, its capricious nature and the **weak correlation between immunity and protection**, point to possible causal or concurrent factors in the genesis of both ILI and influenza. In other words, virus positivity may only be one of the factors necessary for a case of influenza or ILI to manifest itself..."*
- d) **And most damning is their conclusion:** *"We await to see whether anyone has the interest or the courage to develop effective ways to control upper respiratory viral syndromes. **Meanwhile our reviews will remain as a testimonial to the scientific failure of industry and governments to address the most important clinical outcomes for patients.**"*
- <https://community.cochrane.org/news/why-have-three-long-running-cochrane-reviews-influenza-vaccines-been-stabilised>
- e) **So I would not hold out much hope that will be a solution, especially as on or around the 17th to 19th January 2021, Matt Hancock in the public briefing Q&A has already admitted, and hence it is settled, that those governing don't know, thereby affirming the COVID19 'vaccine' is the largest ever human experiment without consent as this is not a**

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vaccine, but an untested gene therapy, without offering benefits traditionally associated with vaccines, namely:

- i) it is not known if there is a reduction in the risk of infection.....
- ii) it is not known if there is a reduction in the symptoms, despite the pharma industry redefining efficacy to mean this, claiming the unpublished science was 95%....
- iii) it is not known if you catch other serious diseases from it
- iv) the degree of transmission resulting from it is not known....
- v) it however is known more young people are more likely to end up in hospital resulting from taking this experimental therapy than are in the vulnerable group (which is obvious there are more non-vulnerable who rarely require hospitalisation in any event!)
- f) And because he does not know this he has made the irrational decision not only to experiment on everyone in the UK....
 - i) But the UK is part of the plan to experiment on everyone on the planet.....
- g) And worse still if possible!
 - i) New tier has been introduced because viruses mutate....
 - ii) so not only has he said there will be a regime of permanent lockdowns but
 - iii) also there will be at least yearly vaccinations.
 - iv) NICE FOR BIG PHARMA - GUARANTEED GLOBAL INCOME STREAM WITH IMMUNITY FROM ANY HARM AT THE PUBLICS EXPENSE!

<https://www.youtube.com/watch?v=q187ApF9Aow&feature=youtu.be>

B. IRRATIONALITY OF EVEN THE BASIC HYPOTHESIS THAT ANY OTHER 'VIRUS' IS, NOR THAT COVID-19, IS A MAJOR THREAT TO OUR WAY OF LIFE!

Fuller analysis can be downloaded from :

<https://www.dropbox.com/s/vy7o6ari2bs2ybz/COVID-19%20RISK%20ANALYSIS.pdf?dl=0>

- 13) **Pasteur's germ theory mid 1850's:** Pasteur proposes theory upon which the last 170 years of infectious diseases is based = GERM THEORY.... **Common sense or not? = 0%**
- a) To be true, what goes into the cell must be the same as what goes out of the cell, which leads to the obvious question: why does it not simply go back in as it is 'infectious', and
 - b) why on earth even bother to go back out again if the purpose is to hijack the nucleus to replicate itself

CIVIL LEGAL TEST = balance of probabilities = over 50%

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CRIMINAL LEGAL TEST = beyond reasonable doubt = over 95% (scientifically significant) and 99% (scientifically certain)

- 14) Figure 1 shows the summary risk assessment for no unique harm determined as follows (grossly simplified so when you add in more explanations it becomes even less probable!).
- Precautionary principle = Pasteur's Balance of Probabilities of what was believed at the time:** Each only has the equal probability of being true or false = 50%, and cumulative probabilities are shown in square brackets in bold: **probability of it being true is 0.39%**
 - Lessons learned from the science in 1918/9:** probability of it being true is 0%.
 - Lessons learned from science upto end 2019:** probability of it being true is 0%.
 - Lessons learned from science since COVID-19:** probability of it being true is 0%.
 - By HM Government's own admissions:** probability of it being true is 0%.
- 15) The same problems from 170 years ago exist today, which when discovered, lead to rational scientific experimental scrutiny. That science confirmed in the 1918/19 Spanish Flu where they were unable to experimentally infect a healthy person from a sick person, which was reaffirmed in 2007 and even in the minutes of SAGE meetings as late as the end of 2020.

Figure 1: The Summary probabilities for Causation of theory of SARS-CoV-2 and COVID-19

Claimed sequence of events (causal relationships)		Pasteur 1850's Balance of probabilities		Lessons 1918/9 Science		Lessons to end 2019 Science		Lessons since 2020 Science									
		Individual probabilities are shown for each claim, followed by the cumulative probability of claims being true															
1	Incoming 'virus' either removes its coating before	50%	50.00%		0.00%	10%	10.00%	10%	10.00%								
2	OR after entering the cell				0.00%	10%	1.00%	10%	1.00%								
FAILS CIVIL LEGAL TEST OF BALANCE OF PROBABILITIES = NEGLIGENCE																	
3	Replicates itself using the cell's nucleus	50%	25.00%		0.00%	10%	1.00%	10%	1.00%								
FAILS CIVIL LEGAL TEST OF SCIENTIFIC SIGNIFICANCE (95%)																	
TESTING / SOCIAL DISTANCING / MASKING / ISOLATION / LOCKDOWN = GROSS NEGLIGENCE																	
4	the cell can identify the replicated 'virus' so knows it must expel it rather than merely make another copy cell				0.00%	10%	0.10%	10%	0.10%								
5	Outgoing 'virus' (pieces of RNA) puts on its coating and leaves the cell interior	50%	12.50%			100%	100.00%	100%	100.00%								
6	Creating unique symptoms = HARM	50%	6.25%	0%	0.00%	0%	0.00%	0%	0.00%								
7	Testing needed to see if there is something there					100%	100.00%	100%	100.00%								
8	BUT CANNOT DETERMINE IF INFECTIOUS					10%	10.00%	1.2%	1.20%								
FAILS CIVIL LEGAL TEST OF SCIENTIFIC CERTAINTY (99%)																	
VACCINES = RECKLESS ENDANGERMENT OF LIFE WITHOUT CARE AS TO THE CONSEQUENCES																	
9	Toodles off not to infect another cell, but	50%	3.13%		0.00%	10%	0.00%	10%	0.00%								
10	Social distancing	10%		10%	0.00%	10%	1.00%	10%	0.00%								
11	Masks	10%		10%	0.00%	10%	0.00%	10%	0.00%								
12	Quarantine / Isolation / Lockdown	10%		10%	0.00%	10%	0.00%	10%	0.00%								
13	Leaves the host to find another person who	50%	1.56%	0%	0.00%	0%	0.00%	0%	0.00%								
14	Must be 'infected' to repeat the same process	50%	0.78%	0%	0.00%	0%	0.00%	0%	0.00%								
15	And vaccines are the solution	50%	0.39%	0%	0.00%	0%	0.00%	0%	0.00%								
FOI DOWNLOAD LINK		https://www.dropbox.com/s/geu8rctmo5j5wy0/FOIs.pdf?dl=0															
ADMISSIONS AND HENCE THIS IS NOT DISPUTED BY :																	
Cabinet Office; House of Commons; House of Lords; Public Health England and the Department of Health and Social Care that:																	
They have no records of SARS-CoV-2 having any unique identifiable features																	
They have no records of SARS-CoV-2 having ever been isolated																	
They have no records of COVID-19 having any unique identifiable symptoms																	
The Cabinet Office admitted they merely followed some undisclosed advice that SARS-COV-2 exists and causes COVID-19																	
The House of Lords admitted they simply assumed SARS-COV-2 existed and that it caused COVID-19																	

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C. PROPORTIONALITY OF COVID-19 AS A MAJOR THREAT TO OUR WAY OF LIFE!

- 16) **PROPORTIONALITY: ACTUAL HARM TO A REASONABLE PERSON** - Negative control to establish the actual harm only by COVID-19 is to isolate that data. Using official public data from the OFFICE FOR NATIONAL STATISTICS, [COVID-19 deaths by age and deaths from COVID-19 only](https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsbyageanddeathsfromcovid19only), available [here](https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsbyageanddeathsfromcovid19only):
<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19deathsbyageanddeathsfromcovid19only> this shows the true extent of COVID-19 deaths with no underlying health conditions for England and Wales. Release date: **30 November 2020**.
- a) Figures for COVID-19 deaths with no underlying health conditions are available on Table 5, this means where no other underlying condition was listed on the death certificate.
- **No pre-existing condition: England and Wales – 4476**
 - No pre-existing condition: England – **4169**
 - No pre-existing condition: Wales – **294**
- b) So the true impact of COVID-19 was at the time 4476, and if we add 10% to year end = 4934, out of a total England and Wales annual normal acceptable deaths of 530,841 (2019), and 541,589 (2018) this is totally **insignificant being below 1%** which does not even scientific validity! **Accordingly any non pharmaceutical interventions intervention is unreasonable on this ground!**
(<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2019>)
- 17) **PROPORTIONALITY - Vitamin D deficiencies:**
- a) 80% of cases are vitamin D deficient which cannot be reasonably supported on any logical or moral grounds not to provide the public as it has a long established history and safety record! Further it has none of the unproven non pharmaceutical interventions psychological side effects, and indeed they make it worse by reducing exposure to natural source provided free by the sun! This would also be a logical explanation as to why BAME are disproportionately affected. Again this is a lifestyle choice and no one but the individual can suffer as a result of their own actions!
- 18) **PROPORTIONALITY - COMORBIDITIES:**
<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/deathsfromcovid19bothwithandwithoutunderlyinghealthconditions>
- a) **Dementia and Alzheimer** app 25% - these are largely age related and are a part of the natural cycle of life and unproven non pharmaceutical interventions do not tackle these problems. Further it would be totally immoral to expect others to bear any liability.

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- b) **Ischeric heart diseases** app 15% - this is largely the result of lifestyle choices and is on the whole self inflicted, and unproven non pharmaceutical interventions do not tackle these problems. Further it would be totally immoral to expected others to bear any liability.
- c) **Influenza and pneumonia** app 15% - unproven non pharmaceutical interventions do not tackle these problems.
- d) **Chronic lower respiratory diseases** app 15% - many are lifestyle choices, except pollution which is a social problem related, and non pharmaceutical interventions do not tackle these problems.
- e) **Diabetes** app 5% - this is largely the result of lifestyle choices and is on the whole self inflicted - it would be totally immoral to expected others to bear any liability.
- f) **Other unspecified comorbiddties** balance app 15% (app 10% no comorbidities).
- g) **These are largely self inflicted and that makes it solely the responsibility of the individual, and in any event the non pharmaceutical interventions do not tackle these problems and hence are unreasonable, and unlawful as no one can gain by their own causes of action!**

19) PROPORTIONALITY - OLD AGE:

- a) Figure 2 shows averages remaining life years, favouring the elderly, and for 11% of Covid related death to save 7.52% of the most vulnerable remaining life years cannot be reasonably supported on any logical or moral grounds. Further unproven non pharmaceutical interventions do not even address this question!

Figure 2: EQUALLY WEIGHTED LIFE YEARS REMAINING BY AGE GROUP NO ARGUING - ALL LIVES ARE EQUAL!						
Age Group	<15	16 to 64	65 to 69	70 to 84	85+	Totals
% of Covid deaths [1]	11%		6%	83%		100%
Population in millions mid 2019 [2]	12.7	41.7	3.4	7.4	1.6	66.8
Assumed current age	15	54	69	70	85	
Assumed average age of death	79	80	82	84	89	
Remianing life years	64	26	13	14	4	
TOTAL LIFE YEARS EQUALLY WEIGHTED	812.8	1084.2	44.2	103.6	6.4	2051
% of life years	39.63%	52.86%	2.15%	5.05%	0.31%	
Cumulative %	100.00%	60.37%	7.52%	5.36%	0.31%	
[1] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinapril2020						
[2] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populatio nestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates						

20) REASONABLENESS - EXCLUDES CLAIMED PSYCHOLOGICAL OR ECONOMIC HARMS

- a) The psychological and economic harm is incalculable and will take decades to recover from cannot be reasonably supported on any logical or moral grounds. Further unproven non pharmaceutical interventions do not even address this question!

SCHEDULE 2: COVID 19 EVIDENCE

D. I SPECIFICALLY ALSO REQUIRE YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

- 21) supported by peer reviewed science experimentally, duplicated by two independent scientists showing:
- a) How can they scientifically determine that someone has died of COVID-19 when they have suspended autopsies in the UK under emergency measures?
 - b) SARS-COV-2 causes COVID-19.
 - c) (RT)PCR and Lateral test can determine infectious carriers (asymptomatic).
 - d) Accuracy of RT)PCR and Lateral test (without (RT)PCR circular logical fallacy)
 - e) The percentage reduction in risks of me or you getting infected by:
 - i) wearing a face covering / mask
 - ii) getting tested
 - iii) isolating
 - iv) lockdown
 - f) Where are all the bio-hazard waste bins for all these contagious masks?
 - g) If COVID-19 is so contagious why does it need a swab so deep into the nose, surely a sterile tissue to blow your nose and cough into are more than enough?
 - h) If non pharmaceutical interventions have got rid of the normal coronavirus strains of colds and flu', why do they not work against COVID-19?
 - i) How have they scientifically determined the so-called 'variants' and therefore how can they scientifically prove that the existing vaccines can be effective against these variants?
 - j) And In regards experimental genetic therapy and or vaccines::
 - i) By How much does each recommended brand reduce my risks of getting infected?
 - ii) What are the probabilities of each known side affect?
 - iii) Where can I see the published peer reviewed science of your above claims?