

INTERNATIONAL **ALERT MESSAGE**

OF HEALTH PROFESSIONALS TO GOVERNMENTS AND CITIZENS OF THE **WORLD** :

STOP to : terror, madness, manipulation, dictatorship, lies and
the **biggest health scam of the 21th century**

August 26, 2020

We, health professionals, across several countries in the world :

1. We say : **STOP** to all crazy and disproportionate measures that have been taken since the beginning to fight SARS-CoV-2 (*lockdown, blocking the economy and education, social distancing, wearing of masks for all, etc.*) because they are totally unjustified, are not based on any scientific evidence and violate the basic principles of evidence-based medicine. However, we of course support **reasonable** measures such as recommendations of washing hands, sneezing or coughing in elbow, using a disposable tissue, etc.

It is not the first time that humanity faces a new virus : it experienced H2N2 in 1957, H3N2 in 1968, SARS-CoV in 2003, H5N1 in 2004, H1N1 in 2009, MERS-CoV in 2012 and faces the seasonal flu virus every year. However, none of the measures taken for SARS-CoV-2 has been taken for these viruses. We are told :

-*"But, SARS-CoV-2 is very contagious"* and we answer : **IT'S ABSOLUTELY FALSE.**

This claim is, moreover, rejected by internationally renowned experts¹. A simple comparison with the other viruses shows that the contagiousness of SARS-CoV-2 is moderate^{2,3}. It's diseases like measles that can be described as very contagious. For example, a person with measles can infect up to 20 people while a person infected with this coronavirus only contaminates 2 or 3, that is : 10 times less than measles.

-*"But, it is a new virus"* and we answer : H1N1 and the other viruses that we mentioned were also new viruses. Yet : we did not put countries into lockdown, we did not block the global economy, we did not paralyze the education system, we did not social distancing and we did not tell the healthy people to wear masks. In addition, some experts say that it is possible that this virus was already circulating

before but we did not realize it⁴.

-*"But, we don't have a vaccine"* and we answer : at the start of H1N1, we also had no vaccine, as at the time of SARS-CoV. Yet : we did not put countries into lockdown, we did not block the global economy, we did not paralyze the education system, we did not social distancing and we did not tell the healthy people to wear masks.

-*"But, this virus is much more deadly"* and we answer : **IT'S ABSOLUTELY FALSE.**

Because, compared to the flu for example, and if we take into account the period between 01 November and 31 March, there was worldwide **-when those measures have been taken-** : 860,000 cases and 40,000 deaths while the flu in the same period of 5 months infects, on average 420 million people and kills 270,000. In addition, the case fatality rate announced by the WHO (3,4%) was greatly overestimated and was rejected from the beginning by eminent experts in epidemiology⁵. But even if we take this case fatality rate, we can see that this coronavirus is three times less lethal than that of 2003 (10%) and ten times less lethal than that of 2012 (35%).

-*"But, COVID-19 is a serious illness"* and we answer : **IT'S ABSOLUTELY FALSE.**

SARS-CoV-2 is a benign virus for the general population as it causes 85% of benign forms, 99% of those infected recover, it does not constitute a danger for pregnant women and children (*unlike the flu*), it spreads less faster than the flu⁶ and 90% of those who die are elderly people (*who must, of course, be protected like other populations at risk*). This is why experts have called "*delirium*" the claim that it is a serious illness and said, on August 19, that "*it is not worse than the flu*"⁷.

-*"But, there are asymptomatic people"* and we answer : 77% of infected people are asymptomatic in influenza too and they can also transmit the virus⁸. Yet : healthy people are not told every year to wear masks and no social distancing is done despite the fact that the flu infects 1 billion people and kills 650,000.

-*"But, this virus leads to saturation of hospitals"* and we answer : **IT'S ABSOLUTELY FALSE.**

Saturation affects only a few hospitals, but people are made to believe that the entire hospital system is saturated or that saturation is imminent when there are thousands of hospitals in certain countries. Is it reasonable and true to attribute, for example, to 1,000 or 2,000 hospitals a situation which concerns only 4 or 5 hospitals? Furthermore, it is not surprising that some hospitals were saturated because they were situated in clusters (*like Lombardy in Italy or New York in the USA*). It should not be forgotten that hospitals in many countries have been

overwhelmed (**including intensive care units**) during previous influenza epidemics⁹ and at the time, we were even talking about : "tsunami" of patients in hospitals, "saturated hospitals", tents erected outside the hospitals, "war zones", "collapsed hospitals" and a "state of emergency". And yet : we did not put countries into lockdown, we did not block the global economy, we did not paralyze the education system, we did not social distancing and we did not tell the healthy people to wear masks.

2. We say : **STOP** to these crazy measures also because of their catastrophic consequences that have already started to appear : suicide of people as it was reported in China, development of psychiatric disorders, paralysis of the educational path of pupils and students at the university, negative impacts and dangers on animals, neglecting other diseases (*especially chronic*) and an increase in their mortality, domestic violence, economic losses, unemployment, major economic crisis (*few people know that the economic crisis of 2007-2008 has caused the suicide of at least 13,000 people in Europe and North America*), serious consequences on agriculture, destabilization of countries and social peace, risk of wars. An editorial⁵ published in the *European Journal Of Clinical Investigation* has denounced, **from the beginning**, the harms of : non-evidence-based extreme measures, exaggerated information on the real danger of the virus and the fake news spread (*even by major journals*). Some have even compared this pandemic to that of the 1918 influenza, which is a **LIE and a manipulation** since it killed 50 million people, which has absolutely nothing to do with the death toll of this coronavirus.

3. We **REFUSE** the obligation of contact tracing applications as it is the case in certain countries because SARS-CoV-2 is a benign virus which does not justify such a measure. Moreover, according to international recommendations and whatever the severity of a pandemic (*moderate, high, extraordinary*), contact tracing is not recommended. During flu epidemics, do we make contact tracing ? Yet, the flu virus infects much more people and has more populations at risk than this coronavirus.

4. We say : **STOP** to censorship of experts and health professionals to prevent them from telling the truth¹⁰ (*especially in countries that claim to be democratic*).

5. We share the opinion of experts who denounce the inclusion of screenings in the counting of cases, even if the subjects are healthy and asymptomatic. This resulted in an overestimation of the cases. It should be remembered that the definition¹¹ of a case in epidemiology is : *“the occurrence of many possible outcomes : illnesses, complications, sequelae, deaths. In so-called syndromic surveillance, the occurrence of non-specific events such as grouping of symptoms or reasons for seeking care, hospitalizations, calls to emergency services is defined as a case”*. So, we say : separate the screenings from the cases and stop confusing them.

6. We share the opinion of experts who denounce the fact that no distinction is made between people who died **from** the virus and people who died **with** the virus (*with co-morbidities*), the fact that the cause of death is attributed to SARS-CoV-2 without testing or autopsy and that doctors are pressured to add COVID-19 to death certificates even if the patient died from other reasons. This leads to an overestimation of the number of deaths and constitutes **a scandalous manipulation of the figures** because during epidemics of seasonal flu for example, we don't work in this way. Especially, since 20% of COVID patients are co-infected with other respiratory viruses¹². After re-evaluation, only 12% of death certificates in a European country¹³ have shown a direct causality from coronavirus. In an another european country, Professors Yoon Loke and Carl Heneghan showed that a patient who has tested positive, but successfully treated and discharged from hospital, will still be counted as a COVID death even if he had a heart attack or were run over by a bus three months later. On July 31, the Centers for Disease Control and Prevention (CDC)'s director of a country in North America recongnized that it is true that there is a perverse economic incentive for hospitals to inflate coronavirus deaths.

7. We share the opinion of experts who warned against the almost systematic intubation of certain patients, due to the mad fear of the virus. Protocols must be changed as they have resulted in a high number of deaths¹⁴.

8. We say : it is important that a review of the analytical and clinical performances of the tests placed on the market be made, **including the virological tests**. Many testing kits are currently used when a significant part of their performances (*for example : analytical specificity, especially for the four seasonal coronaviruses*) has

not been evaluated, which is a serious problem because in addition to cases of false negatives, the literature reports worrying false positives, which may overestimate the number of cases and deaths. According to a professor of microbiology⁷, the false positive rate can reach 20%. Certain scientific articles which reported these cases of false positives have been censored¹⁵. Therefore, we say : **STOP** the obligation of screening tests because of this unreliability and the lack of verification of their performances and because **nothing in this coronavirus** (which is a benign virus and with a low case fatality rate) **justifies it**. As we said : The flu infects 1 billion people every year (**30 times more than SARS-CoV-2**) and yet no test is required for travel.

9. We say to citizens : do not be afraid, this virus is benign unless you are part of the populations at risk. If the TV channels do the same thing with the flu, the figures will be much higher than for the coronavirus ! The TV channels will report to you **every day**, on average, **3 million cases** and **2,000** flu deaths. And for tuberculosis, TV channels will report to you **each day**, on average, **30,000 cases** and **5,000 dead**. In fact, the flu virus infects 1 billion people each year and kills 650,000 and tuberculosis infects 10,4 million people each year and kills 1,8 million people. In addition, on TV you are informed about “cases” but **they are screenings and not cases**. A scientific article, SARS-CoV-2 : fear versus data, published in the *International Journal of Antimicrobial Agents*, has proven that the danger of the virus was overestimated and that fear could be more dangerous than the virus itself.

10. We say to citizens : hand washing is a reflex that we must have throughout our lives, whether there is coronavirus or not, because it is the most effective hygiene measure. But wearing a mask when you are not sick and practicing social distancing, it is not part of hygiene or preservation of public health, but **it is madness**. Wearing a mask for a long time has several undesirable effects for your health¹⁶ and turns it into a microbes nest. *“The virus can gather in the mask and when you take it off, the virus can be transferred to your hands and thereby spread further”*, state epidemiologist Doctor Anders Tegnell. Asked if people are putting themselves more at risk by wearing masks, Doctor Jenny Harries said : *“Because of these behavioural issues, people can adversely put themselves at more risk than less”*. Even dentists warned, recently, about the serious effects on oral health because they see that wearing

masks for a long time leads to diseases like decaying teeth, periodontal diseases or seriously sour breath. *"We're seeing a lot of people with more inflammation, more cavities and gum disease...We're seeing inflammation in people's gums that have been healthy forever, and cavities in people who have never had them before...About 50% of our patients are being impacted by this"*, says Doctor Rob Ramondi, a dentist. *"People tend to breathe through their mouth instead of through their nose while wearing a mask...The mouth breathing is causing the dry mouth, which leads to a decrease in saliva and saliva is what fights the bacteria and cleanses your teeth...Patients are coming into us like, 'Wow, my breath smells, I need a cleaning.' [But] when you smell the bad breath, you either already have periodontal disease or you have a lot of bacteria that's sitting on your tongue because of dry mouth...Gum disease -or periodontal disease- will eventually lead to strokes and an increased risk of heart attacks"*, says Doctor Marc Sclafani, another dentist. In addition, many of you complain about these masks, especially in this summer period. You must know that **the mouth and the nose are not made to be obstructed**. What you wear is a mask, apparently but a muzzle of your freedom, in reality. Especially since the epidemic is over in most countries, as several experts say like Professor Yoram Lass, and those who tell you the opposite are **LIARS**. By telling you that the epidemic is not over, by talking about the threat of a second wave (*which is not based on any evidence*), by asking you to wear a mask and to do social distancing, the goal is, in fact, to prolong the fear until a vaccine is made and so that it will be better accepted by you.

11. We say to the airlines companies : several scientific studies have shown a link between excess in hygiene and the development of diseases such as allergic diseases, autoimmune diseases, inflammatory diseases or certain cancers. This is what we call in medicine : the hygienist hypothesis. So, stop the disinfection operations and remove the masks and the ridiculous protective suits of your employees that we have seen in the media¹⁷. Doing this is madness. Airports must also stop taking temperatures and making quarantine. SARS-CoV-2 is not the Black plague. You too, like the citizens, have been manipulated.

12. We say to governments : lift all restrictions and obligations on citizens (state of emergency, lockdown, wearing a mask, social distancing, etc) because they are

stupid and purely dictatorial and have nothing to do with medicine or hygiene or the preservation of public health. There is no scientific or medical reason for non-sick citizens to wear a mask⁵. Doctor Pascal Sacré, anesthesiologist and intensive care physician, said : *"Forcing everyone to wear them all the time, while the epidemic disappears, is a scientific and medical aberration"*. Professor Didier Raoult says : *"The decision of lockdown as the decision of wearing masks...are not based on scientific data..."*. Doctor Lisa Brosseau and Doctor Margaret Sietsema, experts on respiratory protection, say : *«We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because : **there is no scientific evidence** they are effective in reducing the risk of SARS-CoV-2 transmission...»*. Professor Maël Lemoine precised that the change in the recommendations about masks is : *"political, not scientific"*. In some Asian countries, people wear masks all the year (to protect themselves from pollution, for example). Did this widespread mask-wearing in these countries prevent them from having coronavirus epidemics ? Does this widespread mask-wearing in these countries prevent them from having each year epidemics of the flu or other respiratory viruses ? The answer is of course : no. On the other hand, with the 8 million tonnes of plastic that are already dumped into the oceans every year, masks and gloves add a new threat and constitute a pollution that is particularly dangerous for our health and for fauna. In Italy, if only 1% of the masks currently used were thrown, 10 million masks would end up in the ocean each month¹⁸. In addition, the surgical masks have a lifespan of 450 years! Therefore, we say to governments : **STOP** these **illegal** and **dangerous** measures of mandatory mask wearing.

13. We say to the police : the citizens owe you a lot because you are every day the guarantors of their security and the respect of law and order. But this does not mean submitting blindly to unfair orders. It was this mistake that led to the second world war and the death of 50 million people. So, we tell you : enforce the law but not injustice and dictatorship, refuse to enforce these measures, refuse to verbalize your fellow citizens (when they are not wearing a mask for example), don't beat them, do not imprison them. Don't be the instruments of dictatorship. **Be on the side of the citizens** and follow the beautiful example of the American police officers who supported the citizens by kneeling with them. We assure you that these measures

have nothing to do with medicine or hygiene or the preservation of public health, it is dictatorship and madness.

14. We say to citizens : we must respect the law. But, this does not mean blind submission to madness, injustice or dictatorship. It was this blind submission of citizens that led to the second world war with the death of 50 million people. **You were born free and you must live free**, therefore : do not be afraid and if you are not sick : take off the masks, leave your house as you wish and without social distancing, but do it **peacefully** and without any violence. Professors Carl Heneghan and Tom Jefferson, epidemiologists with a great expertise in evidence-based medicine, say : *“There is no scientific evidence to support the disastrous two-metre rule. Poor quality research is being used to justify a policy with enormous consequences for us all”*.

15. We say that a total reform of the WHO must be done. WHO's successes are indisputed : millions of lives have been saved thanks to smallpox vaccination programs and the consumption of tobacco has been reduced worldwide. However, the **major problem of the WHO** is that, since several years, it is 80% funded by companies (*especially, pharmaceutical laboratories*) and private donors (*especially, a very well-known foundation*) and there are many scandals : false alarm on H1N1 flu under the pressure of pharmaceutical lobbies, disturbing complacency towards glyphosate which the WHO declared safe despite the victims of the herbicide, blindness towards the consequences of pollution due to oil companies in Africa, minimization of the human toll of nuclear disasters from Chernobyl to Fukushima and the disasters of the use of depleted uranium munitions in Iraq and the Balkans, non-recognition of *Artemisia* in the treatment of malaria to protect pharmaceutical interests despite the fact that it has been already evidence-based medicine. The independence of the organization is compromised both by the influence of industrial lobbies **-especially pharmaceuticals-** and by the interests of its member states, in particular : China. The president of a country said : *“I think that the World Health Organization should be ashamed of themselves because they are like the public relations agency for China”*. The Geneva institution, which had underestimated the Ebola threat (*more than eleven thousand dead*) is also accused of neglect towards tropical diseases, in favor of juicier markets. An investigation done in 2016 (*WHO in*

the clutches of lobbyists)¹⁹ showed an edifying radiography of the WHO ; a weakened structure subject to multiple conflicts of interest. This investigation has shown how **private interests dominate public health in the WHO**. It is not acceptable that the money which finances it comes mainly from a single person and that it is infiltrated by lobbies. Recently, the WHO became even more discredited by falling into the trap of the Lancet Gate while a simple student could find that it was a fraudulent study. At the time of the H1N1 flu : Doctor Wolfgang Wodarg, the chairman of the Health Committee of the Parliamentary Assembly of the Council of Europe, criticized the influence of the pharmaceutical industry on scientists and officials of the WHO, saying that it has led to the situation where *"unnecessarily millions of healthy people were exposed to the risk of poorly tested vaccines"* and that, for a flu strain, it was *"vastly less harmful"* than all previous flu epidemics²⁰. **He was totally right** because, later, the vaccine made 1,500 victims of narcolepsy including 80% of children, as we will see. He also criticized the WHO for spreading the fear of a *"false pandemic"*, called it *"one of the greatest medicine scandals of the century"* and **he called also for an enquiry**. In fact, the criteria for declaring a pandemic (such as severity) have been modified by the WHO under the influence of pharmaceutical lobbyists so that they can sell the vaccines to countries around the world. According to a report²¹ done by the Parliamentary Assembly of the Council of Europe about the way in which the H1N1 influenza pandemic had been managed, including by the WHO : *"waste of large sums of public money and also unjustified scares and fears about health risks...Grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic. It must be feared that this lack of transparency and accountability will result in a plummet in confidence in the advice given by major public health institutions"*.

History repeats itself today with exactly the same actors and the same campaign of fear. The former WHO director of public health department revealed in another investigation (*TrustWHO*) that at the time of H1N1 **nobody was afraid at the WHO** and that he **didn't know anyone at the WHO who had himself vaccinated**, including the former Director-General : the Chinese Margaret Chan²². Although he was a leading official at the WHO, he was excluded as well as most of his colleagues

from a meeting between the Director-General and the pharmaceutical companies manufacturing the vaccine and the reason was : *"it is a private meeting"*...

16. We say that an enquiry must be opened and that certain WHO officials must be questioned, in particular the one who made the international promotion of the lockdown, which is a heresy from a medical point of view and a scam that has misled the world. Indeed, on February 25, 2020 : the head of WHO-China joint mission on COVID-19, praised the response brought by Beijing to the epidemic²³. He said that China had succeeded by *"old-fashioned"* tools, emphasized that *"the world needed to learn from China"* and must be inspired by it. He also said that *"if he had COVID-19, he wanted to be treated in China"* ! Once, he also praised China²⁴ calling it *"very open"* and *"very transparent"*.

Who can believe these statements ? Who can believe that if he had COVID-19, he wanted to be treated in China ? Who can believe that the world must be inspired by China and that the control of the epidemic must be done with *"old-fashioned methods"* ? What is amazing is that he made the whole world believe what he said. Because unfortunately : since his declarations and the report overseen by him (*where we can read that China methods are : "agile and ambitious"*), the countries of the world have taken disproportionate measures and blindly followed the recommendations of the WHO by confining their populations. Fear and psychosis have been propagated by presenting SARS-CoV-2 as a very dangerous virus or with massive mortality when it is absolutely not the case. Fortunately, an interview with him showed an important part of the truth and WHO's conflicts of interest with China when a journalist asked him about the status of Taiwan (*which is in conflict with China*) in the WHO and whether the WHO would reconsider Taiwan's membership : he pretended not to hear the question then when he was asked again, he ended the video call ! (*The video reached more than 8 million views*)²⁵. It was also he who said at the end of February : *"There is only one drug right now that we think may have real efficacy and that's remdesivir"*. How can he say this even before the results come out ? And why did he say it ?

Canadian Members of Parliament²⁶ have even issued a mandatory summons to him, after he turned down repeated invitations to testify to a House of Commons committee. Even, the Canadian Conservative Leader has raised concerns about the accuracy of the WHO's data on COVID-19. Indeed, saying that China has reduced

the number of cases or managed the epidemic well and has flattened the curve thanks to the lockdown is **a pure lie** and is not based on any evidence because no one is able to give the number of cases or deaths in China if it had not applied the lockdown. In addition, a few months later : the world discovered that the numbers of cases and deaths were not even true !

Recently, three African countries expelled WHO officials because, according to some states, **they falsified the COVID-19 case numbers by inflating them.**

The people who are behind the lockdown, the global psychosis and terror, when they see : the rush of people to the supermarkets, the people arguing for pasta or toilet paper, the distances of 1 meter as if it was the plague, the people confined as if they were animals, the streets disinfected, the police beating citizens, drones and helicopters mobilized, the people going out with certificates, the wearing of mask despite the end of the epidemic and the fact that people are not sick, it is not excluded that they are laughing because of the ease with which they have manipulated whole countries and may be, they even call them : sheep.

The madness has reached the point that in some countries : beaches have been disinfected with bleach, mustached and bearded firefighters have been banned from work, plexiglass barriers have been installed everywhere (even in the classrooms) as if it was the pestilence, a train was stopped because a person was not wearing the mask, families deprived of seeing their dead (*as if the virus was going to jump from the body and bite them*), women in their seventies fined after going out to throw trash and even coins and banknotes coming from abroad have been "isolated" !

How can countries accept to fall into this level of madness, stupidity and dictatorship ? Especially those who call themselves democratic countries. All this for a virus that causes 85% of mild forms and for which 99% of infected people recover. WHO has urged the world to copy China's response to COVID-19 and it has succeeded ; **every country in the world, blindly following the WHO, has become a certified copy of China.** Only a few countries have refused to imitate others stupidly like Sweden or Belarus that can be congratulated. The president of a European country was right when he said that : *"it is only a psychosis more dangerous than the virus itself"*. World renowned experts have qualified the global alert as *"disproportionate"*. Professor Jean-François Toussaint said : *"It seems to me that **WHO has a very great responsibility** in not being able to establish priority, in having tirelessly*

repeated that it was a threat to the humanity” (Journal International de Médecine, June 13, 2020).

17. We say that we must stop following blindly WHO because it is not a learned society and is far from being independent, as we have seen.

Asked about the reason of the decision to make 11 vaccines compulsory, a former health minister²⁷ of a European country answered : *"It is a public health decision which in fact responds to **a global objective of the WHO which demands today from all countries of the world to obtain 95% of children vaccinated for the necessary vaccines**"*.

We also recommend governments to choose well the experts who advise them and avoid those who have links with pharmaceutical companies ;

An eminent professor in infectiology made this remark on certain experts of a European country: *"An eminent member of the High Council's Communicable Diseases Commission received 90,741 euros from the pharmaceutical industry, including 16,563 euros from [the pharmaceutical laboratory which produces a competing molecule of hydroxychloroquine]. However, it is this High Council which made the famous decision of prohibiting hydroxychloroquine, except for those who will die...I do not see any trace in this decision of the respect of the procedure for managing conflicts of interest...If a member presents a major conflict of interest, he must leave the meeting and not participate in the debates or in the writing of the decision...However, at the bottom of this decision, there is no mention of conflicts of interest or the number of members qualified who participated in the vote. It's a serious violation of the rules"*.

A former editor of the *New England Journal of Medicine* said : *"The medical profession is being bought by the pharmaceutical industry, not only in terms of the practice of medicine, but also in terms of teaching and research. The academic institutions of this country are allowing themselves to be the paid agents of the pharmaceutical industry. I think it's disgraceful"*²⁸. This, of course, should not be generalized to everyone.

18. We say to governments : no longer follow -in epidemics- the mathematical models which are virtual things unrelated to reality and which have misled the world in several occasions and were a justification for the mad policies of lockdown.

Indeed, a European university which has strong links with the WHO said that :

-50,000 British people will die from mad cow disease whereas in the end only 177 have died.

-Bird flu was going to kill 200 million people while only 282 died.

-H1N1 flu was going to kill 65,000 British people while only 457 died²⁹. The mortality rate was also exaggerated and the H1N1 flu ended up being milder than originally anticipated motivating some to decry the considerable money, time and resources consumed by the response. At that time, the press discovered that the rector of this university³⁰, who advised WHO and governments, received a salary of 116,000 £ a year from the swine flu vaccine manufacturer.

Today, it is on the base of the same faulty model, developed for the planning of the influenza pandemic, that they gave their astrological predictions on COVID-19 ; they said that 500,000 will die in the UK, 2,2 million in the USA, 70,000 in Sweden and between 300,000 and 500,000 in France³¹ ! Who can believe these crazy numbers ?

That's why Professor Didier Raoult qualifies these modellings as : *"the modern version of divinations"*. Professor John Ashton also denounced these astrological predictions and the fact that they have a kind of religious status. In addition, the press has discovered that the one who, in this university, urged governments to make lockdown does not even respect what he recommended them³². Here, too, an enquiry must be conducted with certain officials of this university. Professor Jean-François Toussaint said about the lockdown : *"We must absolutely prevent any government from making such a decision again. Especially since the instrumentalization of the pandemic with generalized lockdowns for half of humanity has only resulted in strengthening authoritarian regimes and stopping campaigns to prevent major deadly diseases. In France, the simulations estimating that 60,000 lives have been saved are **pure fantasies**"*. The famous international slogan : *"stay home, save lives"* was just **a lie**. On the contrary, lockdown has killed many people.

19. We **REFUSE** the compulsory vaccination and we **REFUSE** the compulsory coronavirus vaccination certificate to travel, for the following reasons :

-The vaccine is not essential because 85% of the forms are benign, 99% of the infected subjects recover and the children as well as the pregnant women are not subjects at risk. In addition, a large part of the population is already protected against SARS-CoV-2 by the cross-immunity acquired with the seasonal coronaviruses³³.

Saying that we are not sure of this is a **LIE** and raising doubts on the duration or the effectiveness of this protection is **a manipulation** aiming to protect the business plan of the vaccine.

-It is an RNA virus, therefore more prone to mutations and there is a risk that the vaccine may be ineffective.

-Vaccine trials are carried out in a rush³⁴ and some call for speeding up the testing procedures and doing them without the usual animal trials, which is risky. Testing vaccines without taking the time to fully understand safety risks could bring unwarranted setbacks during the pandemic and into the future.

-The previous trials of vaccines against coronaviruses are **worrying**³⁴: in 2004, one of the vaccines developed against SARS had caused hepatitis to the animals on which it had been tested. Another vaccine in the testing phase had caused severe lung damage to laboratory animals, making them more susceptible to future infections. Decades ago, vaccines developed against another coronavirus, feline infectious peritonitis virus, increased cats' risk of developing the disease caused by the virus. Similar phenomena have been seen in animal studies for other viruses, including the coronavirus that causes SARS.

-Some vaccines are tested by companies that have **no experience in the manufacture and marketing of vaccines** and that use new technologies in medicine of which we know neither the benefits nor the risks for health.

-The search for financial profit of several pharmaceutical companies at the expense of the people's health (without generalizing, of course).

The head of a pharmaceutical company said to his shareholders during H1N1 flu :

"This vaccine, it will be a significant opportunity in terms of income. It is a nice boost for us, for the turnover and for the cash flow" ²⁷ .

The former health minister of a European country declared on May 23, 2020 :

"When there is an epidemic like COVID, we see : mortality, when we are a doctor, ... or we see : suffering. And there are people who see : dollars...you have big laboratories that say : now is the time to make billions" ³⁵ .

On June 16, 2020, Professor Christian Perronne, a specialist in infectious diseases, said to Sud Radio about the coronavirus vaccine : **"We don't need it at all ... All this is about purely commercial goals"**. The website of the magazine Nexus published on August 07 the opinion of Doctor Pierre Cave who said : *"In France, the epidemic is over...as a doctor, I do not hesitate to anticipate the decisions of the government :*

We must not only refuse these vaccines [against COVID-19], but we must also denounce and condemn the purely mercantile approach and the abject cynicism which guided their production".

-The scandalous ethical violations in many clinical trials :

As Western countries do not allow them to violate ethical principles, many pharmaceutical companies (without generalizing) carry out their clinical trials of drugs and vaccines in developing or poor countries where experiments are carried out on people without informing them and without their consent. A report³⁶ written by Irene Schipper (*SOMO briefing paper on ethics in clinical trials*) showed shocking and very serious ethical violations ; in a clinical trial, for example, African women became infected by HIV and then ill with AIDS. This clinical trial was funded by well-known foundation and laboratory. In some countries, these scandalous clinical trials were carried out with the complicity of local authorities and with conflicts of interest.

-A pharmaceutical company : AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine, in case of harmful side effects by most of the countries with which it has struck supply agreements. In other words, it is the states and not AstraZeneca that will compensate the victims, that is to say with the money of the citizens ! In this regard, we say to citizens : **protest MASSIVELY** against this **scandalous, shameful and deeply unfair agreement** until it will be deleted. You must refuse this **IRRESPONSIBLE** use of your money. Even Belgian experts were "shocked" by this agreement.

-The scandals of dangerous and even deadly vaccines developed during epidemics and we will mention two examples (*we are, of course, not anti-vaccines since it calls into question the discoveries of Edward Jenner*) :

The scandal of the vaccine against the H1N1 : it has been tested on a small number of people and yet it was marketed as safe in 2009. But one year later, concerns were raised in Finland and Sweden about a possible association between narcolepsy and the vaccine. A subsequent cohort study in Finland reported a 13-fold increased risk of narcolepsy after vaccination in children and young people aged 4-19, most of whom had onset within three months after vaccination and almost all within six months. In 2013, a study published in the *British Medical Journal* confirmed these results for England, too³⁷. In total, this dangerous vaccine has resulted in 1,500 cases of narcolepsy in Europe alone and 80% of the victims are children. Part of the vaccinated NHS medical staff was also affected by narcolepsy.

Narcolepsy is a chronic and incurable neurological disease where patients fall asleep uncontrollably, they suffer from sleep attacks that last minutes and happen anywhere and at anytime in the day (**daytime sleepiness**) and are also victims of impressive **cataplexy** attacks (sudden temporary muscle weakness or loss of muscular control caused by a strong emotion like a laugh, anger or surprise. This can cause weakness in the knees, inability to articulate or sometimes even a fall during a few seconds). This disease damages mental function and memory and can lead to hallucinations and mental illness. Peter Todd, a lawyer who represented many of the claimants, told the Sunday Times: "*There has never been a case like this before. The victims of this vaccine have an incurable and lifelong condition and will require extensive medication*". Among the vaccine victims : Josh Hadfield (eight years) who is on anti-narcolepsy drugs costing £15,000 a year to help him stay awake during the school day. "*If you make him laugh, he collapses. His memory is shot. There is no cure. He says he wishes he hadn't been born. I feel incredibly guilty about letting him have the vaccine*", said his mother³⁸. Families suffered an ordeal that lasted 7 years to win their case in court. And instead of the pharmaceutical laboratories compensating them, the states^{38,39} did it, that is to say with the money of the citizens !

The scandal of the deadly dengue vaccine in an Asian country⁴⁰, in 2018 :

According to the office of the prosecutor Persida Acosta, 500 children died as a result of this vaccine and several thousand are sick. Some children need operations to absorb the blood after severe bleedings. Most families cannot pay those operations. According to the prosecutor, the responsibilities are shared between the laboratory which sold "*a dangerous vaccine*" and the government which set up a "*massive and indiscriminate*" vaccination campaign, in deplorable conditions. Doctor Erwin Erfe, who worked for the prosecutor's office, performed two to three autopsies of children per week with always the same results : "*Internal bleedings, especially in the brain and lungs...and swollen organs*". This vaccine, however, promised to be a planetary triumph ; in 2015, the laboratory confirmed with great fanfare the marketing of a revolutionary dengue vaccine. It was a world first, the product of twenty years of research and 1,5 billion euros of investment. Yet from the beginning, voices raised in the scientific community :

Doctor Antonio Dans tried to warn about the inconclusive results of the first clinical trials. In the United States, Professor Scott Halstead, a world renowned specialist in the disease, even sent a video broadcasted in the Senate of the country to urge to

suspend the vaccination program. The former health minister of the country has been charged in this scandal. *"It's the lure of profit that killed these children"*, said prosecutor Persida Acosta.

20. We say : **STOP** to all these mad, dictatorial measures and **certainly not sanitary** because of which tragedies occur every day : a teenage girl committed suicide in Great Britain because, for her, the lockdown lasted 300 years⁴¹, a pregnant woman suffered martyrdom during the childbirth in France⁴², a teenager in the USA suffered a displaced jaw and will require surgery after he was assaulted by a couple he asked to wear masks, a nurse were also assaulted in France and a bus driver even died due to these illegal measures of mandatory masks, 60,000 cancer patients could die in the UK because of a lack of treatment or diagnosis according to Professor Karol Sikora, 12,000 people could die **per day** by the end of the year as a result of hunger linked to COVID-19 measures (according to Oxfam), the number of cardiac arrest doubled in some countries⁴³, companies go bankrupt, 305 million full-time jobs have been lost -affecting especially : women and young people- according to the International Labour Organisation, a man is dead because of mask in the USA⁴⁴, etc. Even the birds suffer from these dangerous measures and are trapped and killed because of the masks : *" [the gull could only] stumble and fall as the poor thing had a disposable Covid face mask tangled around both legs...It's clear the mask was there for some time and the elastic straps had tightened around his legs as his joints were swollen and sore...I'm concerned that this gull could be the first of many victims now that face masks are the norm"*, employees of the royal society for the prevention of cruelty to animals said to the BBC on July 20 and the bird suffered this torture for a week ! It should, also, be noted that the initial and primary cause of George Floyd's tragedy is **the lockdown** : if there was no lockdown, he would not have lost his job, he would have been on May 25 at work, he would not have been murdered, the stores vandalism and fires as well as the clashes with the police would not have happened, the chaos in the USA would have been avoided and George Floyd would still be alive among us today.

21. We say to governments : **EVERYTHING** must return **immediately to normal** (*including the reopening of hospital services, air transport, economy, schools and universities*) and **this global hostage-taking must stop** because you have known,

with supporting evidence, that you as citizens, have been the victims of **the biggest health scam of the 21th century**. Professor Carl Heneghan said on August 23 that the public fear that is stopping the country returning to normal is unfounded, according to the Express. Professors Karina Reiss and Sucharit Bhakdi released in June, a book called : "*Corona : false alarm ?*"⁴⁵. The mayor of a city in Europe declared : "*The atmosphere spread on [the subject of the coronavirus] is particularly heavy and becomes **suspicious***". Doctor Olivier Chailley has written a book called : "*The virus of fear, how the whole world became crazy*". Professor Sucharit Bhakdi (*he sent, also, a letter to Angela Merkel*) described the measures taken, including lockdown, as : "*grotesque, absurd and very dangerous...a horrible impact on the world economy...self-destruction and collective suicide...*". An international and independent investigation must be opened and those responsible must be tried.

22. We say to the citizens : to keep you in the "flock", it is possible that some will try to discredit us by all means, for example by accusing us of conspiracy, etc. Do not listen to them, they are **LIARS** because the information you have been given are : medical, scientific and documented.

23. We say to the citizens : this letter should not lead you to violence towards anyone. React **peacefully**. And if a healthcare professional who signs this letter will be attacked or slandered or threatened or persecuted : support him **MASSIVELY**. Dear citizens : a lot of scientists, eminent professors in medicine and health professionals around the world denounced what is going on and it's time for you to wake up ! If you don't talk, new dictatorial measures "made in China" will be imposed. You must **REFUSE** this. We assure you that these measures have nothing to do with medicine or hygiene or the preservation of public health, it is dictatorship and madness. Doctor Anders Tegnell said : «*The world went **mad***» with coronavirus lockdowns which «*fly in the face of what is known about handling virus pandemics*».

24. We invite health professionals **ALL AROUND THE WORLD** to be strong and courageous and to do their duty of telling the truth, to join us **MASSIVELY** in the collective : **United Health Professionals** and to sign this letter by sending 4 informations : first name, last name, profession and country to :

join.unitedhealthprofessionals@gmail.com

The list of signatories will be updated regularly.

Albert Einstein said : *"the world will not be destroyed by those who do evil, but by those who look at them without doing anything"*.

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REFERENCES :

1. BFMTV (YouTube Channel). Pr Didier Raoult: "La contagiosité du coronavirus n'est pas extrême". 30 April 2020.
2. Jeffrey K Aronson, Jon Brassey, Kamal R Mahtani. "When will it be over?": An introduction to viral reproduction numbers, R0 and Re. CEBM. 14 April 2020.
3. Tristan Gaudiaut. Quelle est la contagiosité du coronavirus ?. Statista. 4 May 2020.
4. IHU Méditerranée-Infection (YouTube Channel). Coronavirus Chinois : Quelle place dans l'histoire des épidémies?. 29 January 2020.
5. Ioannidis, J.P.A. (2020), Coronavirus disease 2019: The harms of exaggerated information and non-evidence-based measures. Eur J Clin Invest, 50: e13222. doi:10.1111/eci.13222
6. WHO. Q&A: Influenza and COVID-19 - similarities and differences. 17 March 2020.
7. IHU Méditerranée-Infection (YouTube Channel). Où en est le débat sur l'Hydroxychloroquine ?. 5 May 2020.
-CNEWS. Replay-l'interview du Professeur Didier Raoult. 19 August 2020.
8. Hayward AC, Fragaszy EB, Bermingham A, et al. Comparative community burden and severity of seasonal and pandemic influenza: results of the Flu

Watch cohort study. *Lancet Respir Med.* 2014;2(6):445-454.

doi:10.1016/S2213-2600(14)70034-7

9. Helen Branswell. A severe flu season is stretching hospitals thin. That is a very bad omen. STAT. 15 January 2018.
 - Amanda Macmillan. Hospitals Overwhelmed by Flu Patients Are Treating Them in Tents. TIME. 18 January 2018.
 - Amanda Ferguson. Surgeries postponed due to severe flu cases overwhelming Toronto ICU. Citynews. 13 february 2018.
 - Laura Donnelly. Hospital admissions for flu triple and 111 phonenumber overwhelmed by deepening NHS crisis. The Telegraph. 4 January 2018.
 - Soumya Karlamangla. California hospitals face a 'war zone' of flu patients — and are setting up tents to treat them. Los Angeles Times. 16 January 2018.
 - Simona Ravizza. Milano, terapie intensive al collasso per l'influenza: già 48 malati gravi molte operazioni rinviate. corriere della sera. 10 January 2018.
 - Chelsea Wade. Hospital Overrun By Flu Cases Having To Turn Them Away. CBS DFW. 8 January 2018.
 - Denis Campbell. NHS winter crisis: extra beds created by 52% of UK hospitals. The Guardian. 2 December 2019.
 - R. Salamanca. Temas Relacionados. La gripe colapsa los hospitales de media España. El Mundo. 1 December 2017.
10. Veronica Morley. YouTube issues statement on removal of controversial video interview with Bakersfield doctors. 23ABC. 27 April 2020.
11. Pascal Astagneau, Thierry Ancelle. Surveillance épidémiologique: Principes, méthodes et applications en santé publique. Medecine Sciences Publications. 2011.
12. Kim, D., Quinn, J., Pinsky, B., Shah, N. H., & Brown, I. (2020). Rates of Co-infection Between SARS-CoV-2 and Other Respiratory Pathogens. JAMA, e206266. Advance online publication. <https://doi.org/10.1001/jama.2020.6266>
 - Malcolm Kendrick. I've signed death certificates during Covid-19. Here's why you can't trust any of the statistics on the number of victims. RT. 28 May 2020.
 - Dr John Lee. The way 'Covid deaths' are being counted is a national scandal. The spectator. 30 May 2020.

-Fox News. Feds classifying all coronavirus patient deaths as 'COVID-19' deaths, regardless of cause. New York Post. 7 April 2020.

-German Network for Evidence-based Medicine. COVID-19 - Where is the Evidence?. 20 March 2020.

13. Sarah Newey. Why have so many coronavirus patients died in Italy?. The Telegraph. 23 March 2020.

14. The New York Times (YouTube Channel). Doctors Face Troubling Question: Are They Treating Coronavirus Correctly? | NYT News. 14 April 2020.

-Martin Gould. EXCLUSIVE: 'It's a horror movie.' Nurse working on coronavirus frontline in New York claims the city is 'murdering' COVID-19 patients by putting them on ventilators and causing trauma to the lungs. Dailymail. 27 April 2020.

-Gattinoni L, Chiumello D, Caironi P, et al. COVID-19 pneumonia: different respiratory treatments for different phenotypes?. *Intensive Care Med.* 2020;46(6):1099-1102. doi:10.1007/s00134-020-06033-2

-Matt Strauss. The underground doctors' movement questioning the use of ventilators. The Spectator. 2 May 2020.

-Chris Kitching. Life-saving' ventilators are destroying coronavirus patients' lungs, doctor says. Mirror. 18 April 2020.

15. Li Y, Yao L, Li J, et al. Stability issues of RT-PCR testing of SARS-CoV-2 for hospitalized patients clinically diagnosed with COVID-19. *J Med Virol.* 2020;92(7):903-908. doi:10.1002/jmv.25786.

-Zhuang GH, Shen MW, Zeng LX, et al. [WITHDRAWN: Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients]. *Zhonghua liu Xing Bing xue za zhi = Zhonghua Liuxingbingxue Zazhi.* 2020 Mar;41(4):485-488. DOI: 10.3760/cma.j.cn112338-20200221-00144.

-Woloshin S, Patel N, Kesselheim AS. False Negative Tests for SARS-CoV-2 Infection - Challenges and Implications [published online ahead of print, 2020 Jun 5]. *N Engl J Med.* 2020;10.1056/NEJMp2015897. doi:10.1056/NEJMp2015897.

-Samuel Lovett. 'A huge boost': Coronavirus patients feared to have been reinfected had returned false positives, says South Korea. Independent. 30 April 2020.

-Patrick DM, Petric M, Skowronski DM, et al. An Outbreak of Human Coronavirus OC43 Infection and Serological Cross-reactivity with SARS Coronavirus. *Can J Infect Dis Med Microbiol.* 2006;17(6):330-336.
doi:10.1155/2006/152612.

16. Russell Blaylock. Blaylock: Face Masks Pose Serious Risks To The Healthy. Technocracy. 11 May 2020.
17. BFMTV (YouTube Channel). Des tenues anti-Covid dans l'avion. 4 June 2020.
18. Brut (brut.media.fr). Covid-19 : des masques et gants jetés dans la nature partout dans le monde. 29 May 2020.
19. Juttat Pinzler, Tatjana Mischke. L'OMS : dans les griffes des lobbyistes ?. arte. 2016.
20. F. William Engdahl. European Parliament to Investigate WHO and "Pandemic" Scandal. healthcare-in-europe.com. 26 January 2010.
-Michael Fumento. Why The WHO Faked A Pandemic. Forbes. 05 February 2010.
21. Paul Flynn. The handling of the H1N1 pandemic: more transparency needed. Parliamentary Assembly of the Council of Europe. 07 June 2010.
22. Lilian Franck, Thomas Schlottmann. TrustWHO. Journeyman Pictures. 2018.
23. Global News (YouTube Channel). Coronavirus outbreak: WHO expert says countries must shift mindset to virus preparedness | FULL. 25 February 2020.
-CGTN (YouTube Channel). If I had COVID-19, I want to be treated in China, says WHO official. 27 February 2020.
24. China Daily (YouTube Channel). WHO expert: China has taught us lessons. 10 March 2020.
25. Hong Kong World City (Twitter account : @HKWORLDCITY). 28 March 2020, 12:40 PM.
-Formosa TV English News (YouTube Channel). Senior WHO official dodges questions about Taiwan's WHO membership; praises China. 30 March 2020.
26. La Presse canadienne. Des députés fédéraux citent un expert de l'OMS Bruce Aylward à comparaître. L'actualité. 30 April 2020.

- 27.** Cellule de crise / Histoire Secrète (YouTube Channel). Pandémies : la traque planétaire –intégrale. 31 January 2018.
- 28.** Moynihan Ray. Who pays for the pizza? Redefining the relationships between doctors and drug companies. 1: Entanglement *BMJ* 2003; 326 :1189
- 29.** Steerpike. Six questions that Neil Ferguson should be asked. *The Spectator*. 16 April 2020.
- 30.** David Derbyshire. Government virus expert paid £116k by swine flu vaccine. *Daily Mail Online*. 27 July 2009.
- 31.** Imperial College COVID-19 Response Team. Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. 16 March 2020.
- Aurélie Haroche. Quand les politiques confondent modélisations mathématiques et astrologie. *JIM (Journal International de Médecine)*. 25 April 2020.
- Jean-François Toussaint, Andy Marc. Sortir d'un confinement aveugle. *La Recherche*. 22 April 2020.
- Tom Jefferson and Carl Heneghan. Modelling the models. *CEBM (Centre for Evidence-Based Medicine)*. 3 April 2020.
- 32.** Anna Mikhailova, Christopher Hope, Michael Gillard and Louisa Wells. Exclusive: Government scientist Neil Ferguson resigns after breaking lockdown rules to meet his married lover. *The Telegraph*. 5 May 2020.
- 33.** Grifoni A, Weiskopf D, Ramirez SI, et al. Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals [published online ahead of print, 2020 May 20]. *Cell*. 2020;S0092-8674(20)30610-3. doi:10.1016/j.cell.2020.05.015.
- Mateus J, Grifoni A, Tarke A, et al. Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans. *Science*. 2020;eabd3871. doi:10.1126/science.abd3871.
- 34.** Jiang S. Don't rush to deploy COVID-19 vaccines and drugs without sufficient safety guarantees. *Nature*. 2020;579(7799):321. doi:10.1038/d41586-020-00751-9.
- Céline Deluzarche. Coronavirus : les dangers d'un vaccin élaboré à la hâte. *Futura*. 19 March 2020.

-Louise Beda-Akichi. Et si on n'arrivait jamais à trouver de vaccin contre le Covid-19?. Slate. 26 May 2020.

35. BFMTV. "Vivre avec..." - Samedi 23 mai 2020. 23 May 2020
36. Irene Schipper. SOMO briefing paper on ethics in clinical trials. 01 February 2008.
-Jean-Philippe Chippaux. Le Monde Diplomatique. L'Afrique, cobaye de Big Pharma. June 2005.
37. Miller Elizabeth, Andrews Nick, Stellitano Lesley, Stowe Julia, Winstone Anne Marie, Shneerson John et al. Risk of narcolepsy in children and young people receiving AS03 adjuvanted pandemic A/H1N1 2009 influenza vaccine: retrospective analysis *BMJ* 2013; 346 :f794
38. Tom Porter. Brain-Damaged UK Victims of Swine Flu Vaccine to Get £60 Million Compensation. International Business Times. 2 March 2014.
39. DAZ.online. Schweden zahlt Entschädigung für Narkolepsie-Kranke nach Impfung. 13 May 2016.
40. Carol Isoux. Dengue : Sanofi au cœur d'une affaire de vaccin mortel aux Philippines. L'OBS. 27 November 2018.
41. Eugene Henderson and Lorraine King. Parents warned after teen took her own life 'because lockdown felt like 300 years'. Mirror. 22 April 2020.
42. Laure. Accouchement en temps de Covid : « J'ai traversé seule quatorze heures de contractions. C'est criminel ». L'OBS. 13 May 2020.
43. Marijon, Eloi et al. "Out-of-hospital cardiac arrest during the COVID-19 pandemic in Paris, France: a population-based, observational study." *The Lancet. Public Health*, 27 May. 2020, doi:10.1016/S2468-2667(20)30117-1
-Baldi E et al. Out-of-hospital cardiac arrest during the Covid-19 outbreak in Italy. *N Engl J Med* 2020 Apr 29; [e-pub]
<https://doi.org/10.1056/NEJMc2010418>
44. Jessie Gomez. Lincoln Park driver 'passed out' due to N95 mask, crashed car, police say. Daily Record. 25 April 2020.
45. Karina Reiss, Sucharit Bhakdi. Corona Fehlalarm? Zahlen, Daten und Hintergründe. Goldegg. June 2020.
<https://www.amazon.de/Corona-Fehlalarm-Daten-Fakten-Hintergründe/dp/3990601911>

-Olivier Chailley. Le virus de la peur ou comment le monde entier est devenu fou. Bookelis. April 2020.

<https://www.bookelis.com/sciences-humaines/40471-Le-virus-de-la-peur.html>