

COVID - THE GREATEST COVER UP IN HISTORY

Phillip M. Altman BPharm(Hons), MSc, PhD

Clinical Trial and Drug Regulatory Affairs Consultant

Presentation made to the Australian Medical Professionals Society (AMPS) in Sydney 1 Dec. 2022

We have witnessed and continue to witness the greatest fraud and cover-up in history. The public has been fed a continuous diet of misinformation, disinformation and outright lies since the beginning of this pandemic by our celebrity so-called “health experts” and bureaucrats.

It is now a widely known fact that these so-called “vaccines” neither prevent infection nor do they prevent transmission of infection. Official government statistics both here and overseas show most COVID cases in hospital right now are people fully vaccinated and boosted. The latest NSW health department data over the last 14 days reports 391 vaccinated people admitted to hospital WITH COVID versus zero unvaccinated people admitted¹. By any objective measure...these vaccines have failed.

But that is not the worst of the news.....the worst of the news is that the so-called COVID “vaccines” are producing the highest incidence of reported serious adverse effects, including heart attack, stroke, myocarditis, blood clots and death, in the history of the pharmaceutical industry. The world has never before seen anything like this.

Pharmaceutical companies have hired literally thousands of staff to cope with the avalanche of spontaneous adverse drug reaction reports. In Australia alone, there have been 944 reported vaccine related deaths since rollout of the COVID vaccines². After adjusting for a conservative under-reporting factor of about 40, we are looking at possibly 40,000 potential deaths linked to the COVID vaccines.

It is easy for our government to hide the number of people seriously injured or killed by these vaccines using arbitrary rules or definitions in analysing the data but it is much harder for governments to dismiss the total number of people dying from any cause from month to month or year to year. That total mortality number is difficult to hide.

Since these vaccines were introduced, we are seeing around the world, including Australia, is an alarming rise in what is termed “Excess Deaths”, that is, a rise in all deaths compared to recent pre-COVID years. In Australia and elsewhere this increase in Excess Deaths is about 17%, representing about 18,000 people per year compared to the pre-COVID years 2015-2019, of which less than half were possibly due to COVID. This means that probably more than 10,000 non-COVID related Excess Deaths have occurred so far this year alone³. The rise in non-COVID Australian excess deaths include those due to heart attack, stroke, cancer, diabetes and Alzheimer’s disease. There is now growing opinion and data to show that these vaccines are responsible for the Excess Deaths and these vaccines are killing more people than they save^{4,5}. Our government is well aware of this, it is widely documented and reported, but there is a total lack of interest from our health bureaucrats – total silence and a lack of interest despite many highly credentialled research scientists and clinicians raising the alarm^{6,7}. It is astounding.

The reduced potency of some batches due to poor quality control in manufacture and the lack of stability of these COVID vaccines has inadvertently probably saved many lives⁸.

The assumption that COVID vaccines are safe is a fairy tale. Vaccines usually take about 10 years to develop. Many vaccines fail basic safety testing along the development pathway. More than a dozen approved conventional vaccines have been withdrawn due to serious safety issues. But these experimental gene-based so-called COVID vaccines have proven to be the most dangerous in history. The very thought of giving these vaccines to infants, children and pregnant women and healthy individuals who are at extremely little to virtually no risk of COVID without any long-term safety studies is reckless and probably criminal in my opinion.

More than a thousand top professional athletes have unexpectedly simply dropped dead during exercise and many more professional athletes have been forced to unexpectedly retire from their sport following vaccination.

You don't need to be a doctor, nurse, epidemiologist or pharmacologist to notice the dramatic rise of unexpected sudden death and serious illness impacting our families and friends. I've personally noticed an unusually high number of heart attack, strokes, blood clots, arrhythmias, high blood pressure and neurological conditions including shingles among my circle of friends and family. I know you see it also. But our so-called expert health bureaucrats and media continue to be wilfully blind.

You can depend on the main stream media to keep you as ill-informed and confused as possible.

An article from the health experts at the UK's Daily Mail (13 Nov. 2022) who cite the following reasons for the dramatic rise in heart attacks since the COVID vaccines were introduced:

- Skipping breakfast
- Being an older, lonely woman
- Living under a flight path
- Pandemic stress
- Physical activity
- Hot nights
- Soil
- Falling asleep with the TV on
- Shovelling snow
- Laughing or crying inappropriately
- Liquid diets

The most glaringly obvious reason for the dramatic rise in heart attacks was left out of this Daily Mail list - the COVID vaccines themselves.....

The cover-up of the failed pandemic policies and dangerous nature of the COVID vaccines has involved Big Pharma, international government agencies, national health bureaucrats, drug regulatory agencies, medical research institutes, medical associations, medical boards and academia⁹. The cover-up was made possible by near total censorship by both the main stream news and social media and the iconic medical literature. All registered health professionals including everyone here today are fully aware they must be mindful of everything they now say for fear of being

reported, even anonymously, to autocratic health regulators often with little to no relevant clinical experience or understanding of the science.

When I was asked to speak here today on medical censorship it occurred to me that this is an opportune time to remind everyone of the misinformation, disinformation, lies and massive cover-ups which have occurred and are still ongoing. The “gain-of-function” genie has been let out of the bottle - we must not forget the catalogue of misinformation, disinformation and lies we have been fed over the last 3 years. There has been so much misinformation, I simply do not have time to summarise it all. Here is just a few more notable examples:

ORIGIN OF SARS-CoV-2 VIRUS

According to Segreto and his colleagues in a comprehensive review, it appears that highly dangerous gain-of-function viral research played a fundamental role in the emergence of SARS-CoV-2. Dr. Anthony Fauci of the US National Institute of Allergy and Infectious Disease continues to deny his role in relation to this technology despite the fact he helped fund it.

According to Segreto: *“There is still no clear evidence of zoonotic transfer from a bat or intermediate species”* and the source of SARS-CoV-2 *“should include an open and unbiased inquiry into a possible laboratory origin”*¹⁰.

THE FEAR CAMPAIGN – THE NUMBERS GAME

Dire predictions of massive numbers of deaths were rolled out to a trusting public by epidemiologists working within prestigious academic and well-known research institutes both here and overseas to kick off the first wave of the fear campaign.

In July 2021 President Biden lied when he said: *“You’re not going to get COVID if you have these vaccinations”* and *“if you’re vaccinated, you’re not going to be hospitalised, you’re not going to be in the ICU unit, and you’re not going to die”*. Fortunately, 74 million Americans did not believe him and have had no COVID vaccines – a further 38 million who had the first dose refused the second dose according to the CDC.

In Australia, our own Prof. Paul Kelly, Australia’s Chief Medical Officer, predicted an initial wave of 150,000 deaths due to COVID-19. This was an overestimate by about 70 times.

We also received daily doses of TV fearporn from celebrity Chief Health Officers citing statistics of the numbers of people testing positive, numbers in hospital intensive care and the numbers of COVID deaths.

What these so-called health experts failed to tell the public was that the PCR tests used to calculate “COVID cases” were never diagnostic for COVID-19 disease. The PCR tests grossly overstated the threat of COVID-19 in the community and this was intentionally used to pump up the reported numbers of people in ICU and dying from the virus. We all know this now.

If you read the fine print in the official government COVID-19 statistics they clearly state that no distinction is made between those dying WITH COVID as opposed to those dying DUE TO COVID. It is critically important to make this distinction – it can be done.

At autopsy, immunohistochemistry performed on inflamed tissue of the heart, for example, can tell you if a death was due to COVID-19 or due to a COVID-19 vaccine by detecting whether or not the nucleocapsid proteins of SARS-CoV-2 or the spike protein produced by the vaccines are present in the tissue. But this almost never done. Why not? Maybe the health bureaucrats don't want to know the answer.

Perhaps the most important element of fearporn is the relentless mask wearing campaign. There is no evidence that paper or cloth masks either prevent transmission of infection or reduce COVID mortality. However, masks are highly efficient at generating fear and anxiety and masks are especially damaging psychologically to children – an age group at near statistically nil risk to serious COVID. And now we all know children do not need to be vaccinated to protect granny. That was another outright lie. But, as you might have noticed in the last few weeks, the mask fearporn campaign is back.

THE NEED FOR LOCKDOWNS

The most comprehensive cost-benefit analysis of lockdowns and border closures was done recently by economics Prof. Gigi Foster of the Univ. of New South Wales. Adjusted for population size and age distribution, in terms of death, the Spanish Flu of 1918-1919 was between 100 to 1000 times bigger than 3 seasons of seasonal flu while COVID-19 was about 2 times the equivalent of 3 seasons of seasonal flu¹¹.

Surprisingly, the Australian government never provided a proper cost-benefit analysis of lockdowns which should have considered all the probable costs and benefits. It is their job to do so. Our so-called health experts never considered the damage to mental health, children's education, financial stress, job losses and the collapse of businesses and the health impacts of the denial of critical medical care such as early cancer diagnosis. They have not done their job.

Sweden had fewer COVID deaths per million people with no mandatory masks, no quarantines and no border closures as compared to 50 countries with harsh lockdowns.¹²

VACCINE MANDATES

Inappropriately defining the gene-based COVID-19 jabs as "vaccines" was a masterstroke both in terms of marketing, public acceptance, avoidance of legal exposure for damages and expedited drug regulatory approval. Unlike conventional vaccines, these so-called "vaccines" did not prevent infection and they did not prevent transmission of infection. This was clearly stated by the original emergency authorisation for use by the US FDA. It was in plain sight.

The claim that this was a pandemic of the unvaccinated was an outright lie told by our most senior health bureaucrats to convince people to take a gene-based drug which had grossly inadequate short-term safety data and no long-term safety data.

Despite the total lack of scientific evidence supporting vaccine mandates, Bill Gates, the world's biggest vaccine investor, was fortunate to be able to install his long-standing loyal lieutenant and personally appointed CEPI Chairperson, Jane Halton, to personally spearhead Australia's vaccine policy¹³.

Anyone with any relevant formal scientific training should have known there was never any clinical evidence to support vaccine mandates....this has been known from the beginning.

Industry and labour organisations destroyed careers, businesses, families and imposed financial stress and mental anguish across Australia for nothing. It is still going on in hospitals and companies like Telstra, AGL and Qantas. It is all for nothing.

Those so-called health experts, advisors and industry leaders who advocated and ruthlessly imposed the draconian and totally useless vaccine mandates, if they had a modicum of self-respect and integrity remaining, should apologise, compensate those damaged and then resign. Ignorance is not an excuse. But those to blame have not admitted their mistakes, not apologised and still have their jobs. Without a Royal Commission will be guaranteed to repeat this fiasco in the near future. There should be no amnesty.

“SAFE AND EFFECTIVE”

It was reckless, irresponsible and absurd for our health bureaucrats to claim in an unqualified way that the COVID-19 “vaccines” were “safe and effective” when they knew there was insufficient clinical data to justify that claim. The COVID-19 “vaccines” have never been “approved”....they only have been “Provisionally” approved and there is a huge difference. By definition, the COVID “vaccines” should be considered experimental and nobody should be forced to choose either taking an experimental drug with no long-term safety data or lose their job.

Under the new Provisional Approval drug regulatory system, the vaccine manufacturers only submitted the results of a single clinical trial and the clinical efficacy claim of 95% in the case of Pfizer was not based on 44,000 subjects as claimed....it was based on 170¹⁴. Furthermore, the claimed clinical efficacy of 95% had nothing to do with preventing severe COVID or preventing death – the clinical trial only measured the efficacy in preventing mostly minor cold-like symptoms in these 170 subjects.

The administration of the COVID-19 so-called “vaccines” have resulted in more reported serious adverse events and death than any drug in history.

Between 1990 and 2010, 133 drugs (including vaccines) were withdrawn for safety reasons¹⁵. In most cases, it was adverse drug reporting post-marketing that led to the decision to withdraw the drugs on grounds of safety. Sometimes only a few hundred reports of serious adverse events caused the withdrawal. But overall, the average time delay in recognising the drug actually caused the serious adverse events was 19 years. By its very nature, adverse drug reaction reporting is a very imprecise, arbitrary and inefficient system with which to flag safety issues. But sometimes it is the only tool we have because too few subjects were studied in clinical trials prior to approval. This is especially true in the case of the COVID-19 so-called “vaccines” where even the placebo control groups were destroyed after a couple months thus making a reliable estimate of safety impossible.

The Australian TGA “COVID-19 vaccine safety report 17 Nov. 2022” says: “*The TGA has identified 14 reports where the cause of death was linked to vaccination from 944 reports received and reviewed*” and “*no deaths in children or adolescents determined to be linked to COVID-19 vaccination*”.¹⁶ This statement is absurd.

Remember, the TGA and all regulatory agencies accept the under reporting of adverse events to be at least 10 times but a more realistic estimate of under reporting is probably in excess of 40 times the number actually reported. This means in Australia, there have been at least 40,000 deaths reported in association with the administration of the COVID vaccines. If one assumes the COVID vaccines caused death in only half of these reports, it would still mean that more people died due to the vaccines than with or due to COVID.

But unfortunately, Australia's adverse drug reaction reporting system is not transparent, employs staff directly or indirectly connected to the vaccine industry, uses arbitrary assessment rules and largely operates behind a veil of secrecy. In my view, if the TGA cannot even admit a single vaccine death in adolescents or children, as they do, this voluntary ad-hoc system cannot be relied upon to support any claims of vaccine safety.

Many experts around the world have called for autopsy studies in cases of unexpected deaths, especially in young healthy adults and adolescents. Others have called for post-vaccination controlled studies of blood clotting and myocarditis using sensitive biomarkers and diagnostic tools such as D-dimer, troponin assays and Echocardiography. But so far these calls have fallen on deaf ears. It is as if our so-called health experts don't really want to know. But we want to know.

Using this histochemistry, one small series of autopsies was conducted by a number of pathologists in Germany on 15 individuals who died suddenly and unexpectedly at home post-vaccination. This small study showed that it was either "likely" or "very likely" that in 12 of these 15 cases, the COVID vaccines were the cause of death, that is, 80% of cases¹⁷.

Maybe it is this sort of data that has led Denmark to recommend people under 50 years of age should not be vaccinated and even in Australia a 3rd booster is no longer recommended despite rising case numbers¹⁸.

NATURAL IMMUNITY DOES NOT MATTER

It is difficult to overestimate the degree of outright ignorance displayed by our so-called "health experts". This was the first time in history that the important role of natural immunity was dismissed as scientific fact. Despite the tens of billions of dollars and 10,000 employees, nobody in the US CDC had the slightest interest in researching the role of natural immunity in protecting against COVID. Doctors who argue for an exemption from COVID vaccination are ruthlessly persecuted by health regulators who are obviously under instructions to crush any doctor who questions the need for almost everybody to be vaccinated irrespective of their own personal clinical circumstances.

There are more than 150 scientific reports which provide compelling evidence that that the natural immunity produced by COVID-19 is durable and probably persists for many years¹⁹.

IVERMECTIN IS HORSE MEDICINE

Now the gold medal for misinformation must go to those so-called "health experts" both here and in the US who said ivermectin was a toxic horse medicine. This was in direct contradiction to Professor Sir Christopher Whitty, Chief Medical Officer of England, who said "*The drug has proven to be safe. Doses up to 10 times the approved limit are well tolerated by healthy volunteers. Adverse reactions are few and usually mild*"²⁰.

If you are wondering who I give the Silver medal for misinformation to.....it was the Chief Health Officer who said you could catch COVID from pizza boxes.

In fact, ivermectin has proven itself to be one of the most valuable and safest drugs ever used in medicine. A Nobel prize was awarded for its discovery, it has been shown in more than 41 randomised clinical trials in over 10,000 patients to be highly effective in treating serious cases of COVID-19 and reducing mortality. The effective banning of off-label prescribing of ivermectin in Australia, admitted by the TGA in part to drive people to be vaccinated, must go down as one of the worst public health policies in history costing many lives.

Many people eagerly await this error to be rectified as the TGA evaluates a 40-page submission with 54 supporting references authored by myself and co-signed more than 40 doctors, eminent medical academics and health care professional associations including AMPS.

THE PLAYBOOK – STRATEGIES AND TACTICS

We have had to endure for 3 years a constant stream of inept government advice, disinformation and lies, ruthless and inhumane lockdowns, senseless and inexcusable harm caused by vaccine mandates and the failure to recognise the obvious and unprecedented incidence of injury and death caused by these COVID “vaccines”. All of this was inflicted on us by our own political leaders and so-called “health experts” and there has been no apology. In fact, they have been given awards and they still have their jobs, ready to spring into action once again to save us.

But you don’t need to be a registered health care professional to now understand that ignorance and incompetence alone cannot explain what we have witnessed and what is now planned. There is wilful blindness.

Klaus Schwab of the World Economic Forum attended the recent G20 meeting – he wasn’t in Bali sunning himself on holiday by chance. Plans are nearing completion to usurp national control of Australian health policies which impact nearly all aspects of our lives using the ploy of “keeping you safe”.

Under our Albanese led Australian Labor Government there is a plan right now to hand control of our national pandemic policy over to an unelected Ethiopian socialist bureaucrat in a legally binding WHO Pandemic Treaty^{21,22}. Every Australian will then face possible and lawful home police invasions, detention camps, forced vaccinations and the freezing of bank accounts for any non-compliance.

Digital vaccine passports, digital currency and other and surveillance and control measures are planned which would shock even the dystopian world imagined by George Orwell.

The US Centers for Disease Control (CDC) is now used as an extra-judicial body to determine and define what is “truth” in relation to pandemic policy. Anyone who dares to question the infallibility of those well-connected individuals within the CDC is considered a heretic.

But, in Washington DC on 18th of August the US CDC Director, Walensky, told employees: “to be frank, we are responsible for some pretty dramatic, pretty public mistakes from testing, to data, to communications”²³. The CDC is now conducting a

review of its botched pandemic response. Australia is not. Why not? We need a Royal Commission.

And guess what.....our own Department of Health is going to use this failed CDC model and has officially announced we are going to have our very own Australian Centre for Disease Control²⁴.

This Australian CDC could be used to generate more fear, officially justify more ruthless and destructive lockdowns, government detentions and mandated injections of experimental and unsafe gene-based vaccines to everyone in future.

The world is at a tipping point. The global plan relies on two things to succeed: fear and near total medical censorship. Unfortunately, this is why all health professionals find themselves on the front line of this world struggle for freedom and justice. We must fight this.....all Australians of integrity must fight this...we must fight this and win.

¹ NSW COVID-19 Weekly Data Overview. Epidemiological week 46, ending 19 Nov. 2022. <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221119.pdf>

² Australian Government COVID-19 vaccine safety report 17-11-22. <https://www.tga.gov.au/news/covid-19-vaccine-safety-reports/covid-19-vaccine-safety-report-17-11-2022>

³ Australian Bureau of Statistics. Provisional Mortality Statistics Jan – Aug 2022. <https://www.abs.gov.au/statistics/health/causes-death/provisional-mortality-statistics/jan-aug-2022>

⁴ Clancy, R.: The Problem with the COVID Narrative. Quadrant Online. 16th Nov. 2022.

⁵ Classen B. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, “All Cause Severe Morbidity”. Trends Int Med. 2021; 1(1): 1-6. 25 August 2021. <https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf>

⁶ Seneff, S. and Nigh, G.: Worse Than the Disease? Reviewing some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19. *International Journal of Vaccine Theory, Practice, and Research* 2(1), May 10, 2021.

⁷ Seneff, S. et al: Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs. 15 April 2022. <https://doi.org/10.1016/j.fct.2022.113008>

⁸ Blaylock, R.L.: COVID UPDATE: What is the Truth? Surgical Neurology international; 22 April 2022. DOI 10.25259/SNI_150_2022

⁹ Yaffa Shir-Raz et al: censorship and suppression of Covid-19 heterodoxy: tactics and Counter-Tactics.

<https://link.springer.com/content/pdf/10.1007/s11024-022-09479-4.pdf>
Minerva <https://doi.org/10.1007/s11024-022-09479-4>. Accepted 28 Sept. 2022.

¹⁰ Segreto, R. et al: Environmental Chemistry Letters (2021) 19:2743–2757
<https://doi.org/10.1007/s10311-021-01211-0>

¹¹ Prof. Gigi Foster: Do lockdowns and border closures serve the “greater good”? A cost-benefit analysis of Australia’s reaction to COVID-19. 1 August 2022. Referred to as “Foster, G.”

¹² Ibid Foster G.

¹³ The Australian Newspaper – Top adviser to Scott Morrison backs “no jab, no play” for all. Rosie Lewis, 18 May 2020.

¹⁴ Australian Government, Therapeutic Goods Administration – Australian Public Assessment Report for BNT162b2 (mRNA. Comirnaty - Pfizer Australia Pty Ltd. January 2021.
<https://www.tga.gov.au/sites/default/files/auspar-bnt162b2-mrna-210125.pdf>

¹⁵ Craveiro, N.S. et al: Review Article – Drug Withdrawal Due to Safety: A Review of the Data Supporting Withdrawal Decision. Current Drug Safety, 2020, 15, 4-12.
<https://pubmed.ncbi.nlm.nih.gov/31584381/>

¹⁶ Australian COVID-19 vaccine safety report 17-11-22. <https://www.tga.gov.au/news/covid-19-vaccine-safety-reports/covid-19-vaccine-safety-report-17-11-2022>

¹⁷ Prof Dr. Arne Burkhardt, March 11, 2022. Pathology of vaccine deaths and vaccine injuries - After the evidence now first proof.
https://odysee.com/@en:a5/Pathology-Conference_Burkhardt_Presentation_EN_20220311:7

¹⁸ Australian Technical Advisory group on Immunisation (ATAGI) recommended COVID-19 vaccines and doses. 21 Nov. 2022. https://www.health.gov.au/sites/default/files/documents/2022/11/atagi-recommended-covid-19-doses-and-vaccines-poster-atagi-recommended-covid-19-doses-and-vaccines_0.pdf

¹⁹ Alexander, P.E.: 150 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked and Quoted. Brownstone Institute October 17 2021. <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

²⁰ Chaccour, C., Lines, J. & Whitty, C. J. M. (2010). Effect of Ivermectin on Anopheles gambiae Mosquitoes Fed on Humans: The Potential of Oral Insecticides in Malaria Control. *Journal of Infectious Diseases*, **202**, 113-116. doi: 10.1086/653208. <https://academic.oup.com/jid/article/202/1/113/888773>

²¹ World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response. WHO News Release 1 Dec. 2021. <https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response>

²² Australian Medical Network (AMN) Media Release 21 Nov. 2022. Who's Calling the Shots! Why We Must Stop the WHO. <https://www.australianmedicalnetwork.com/media-release/proposed-WHO-pandemic-treaty.aspx>

²³ The New York Times, Aug. 18 2022. "Failings of CDC Prompt a Rebuke and an Overhaul".

²⁴ Australian Government public announcement – "Australian Centre for Disease Control" 10 November 2022. <https://www.health.gov.au/resources/publications/role-and-functions-of-an-australian-centre-for-disease-control>