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Former Chief Science Officer for Pfizer Says "Second Wave" Faked on False-Positive COVID Tests, "Pandemic Is Over"

By Ralph Lopez
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First published by Global Research on September 24, 2020, this analysis of former Pfizer V-P Michael Yeadon has been the object of censorship.

In a stunning development, a former Chief Science Officer for the pharmaceutical giant Pfizer says "there is no science to suggest a second wave should happen."

The "Big Pharma" insider asserts that false positive results from inherently unreliable COVID tests are being used to manufacture a "second wave" based on "new cases."

Dr. Mike Yeadon, a former Vice President and Chief Science Officer for Pfizer for 16 years, says that half or even "almost all" of tests for COVID are false positives. Dr. Yeadon also argues that the threshold for herd immunity may be much lower than previously thought, and may have been reached in many countries already.

In an interview last week Dr. Yeadon was asked:

> "we are basing a government policy, an economic policy, a civil liberties policy, in terms of limiting people to six people in a meeting...all based on, what may well be, completely fake data on this coronavirus?"

Dr. Yeadon answered with a simple "yes."

Dr. Yeadon said in the interview that, given the "shape" of all important indicators in a worldwide pandemic, such as hospitalizations, ICU utilization, and deaths, "the pandemic is fundamentally over."

Yeadon said in the interview:

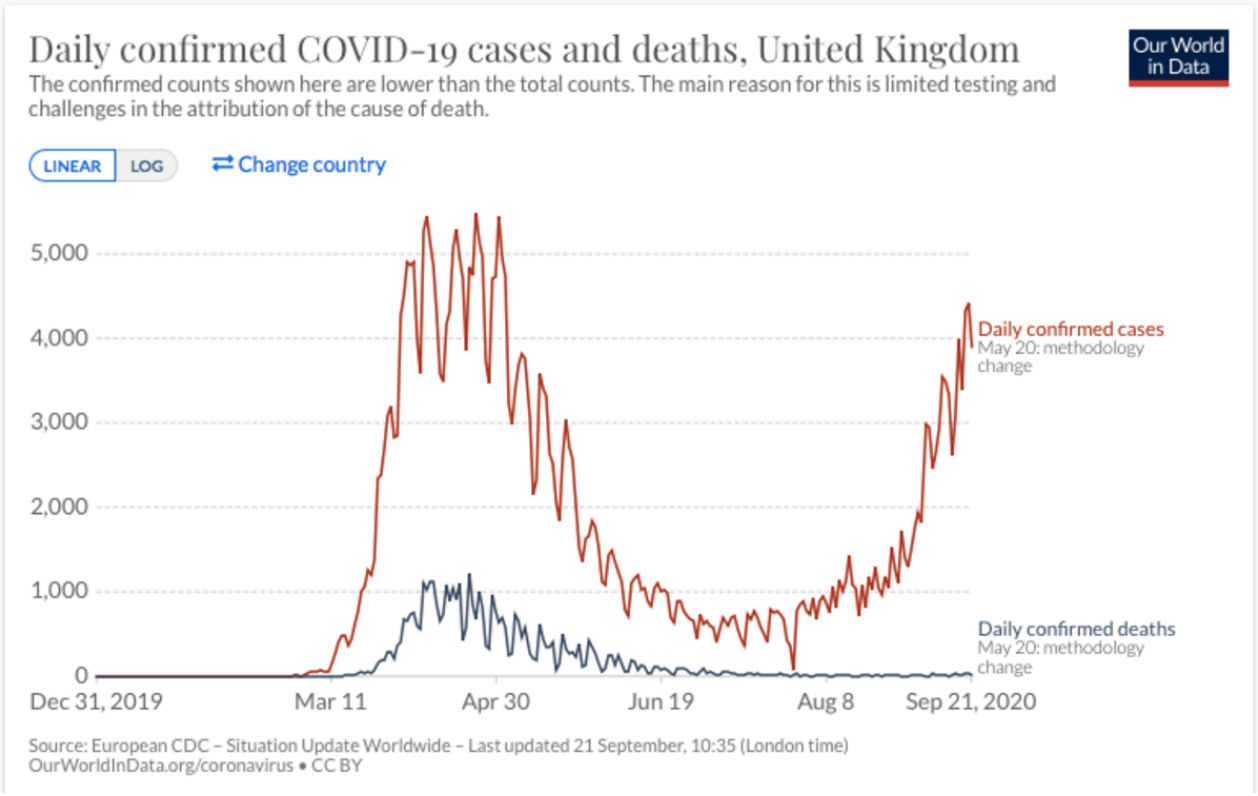
> "Were it not for the test data that you get from the TV all the time, you would rightly conclude that the pandemic was over, as nothing much has happened. Of course people go to the hospital, moving into the autumn flu season...but there is no science to suggest a second wave should happen."

In a paper published this month, which was co-authored by Yeadon and two of his colleagues, "How Likely is a Second Wave?", the scientists write:

> “It has widely been observed that in all heavily infected countries in Europe and several of the US states likewise, that the shape of the daily deaths vs. time curves is similar to ours in the UK. Many of these curves are not just similar, but almost super imposable.”

In the data for UK, Sweden, the US, and the world, it can be seen that in all cases, deaths were on the rise in March through mid or late April, then began tapering off in a smooth slope which flattened around the end of June and continues to today. The case rates however, based on testing, rise and swing upwards and downwards wildly.

Media messaging in the US is already ramping up expectations of a “second wave.”



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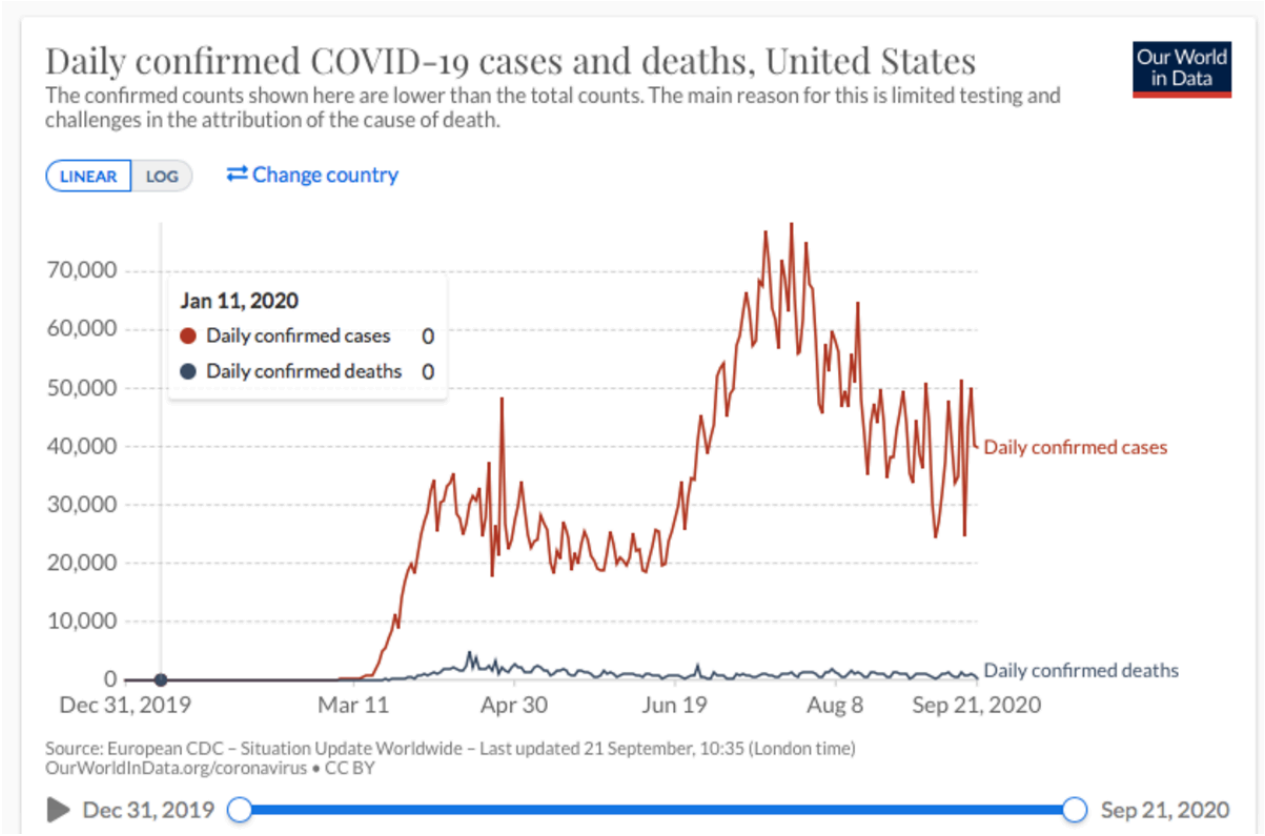

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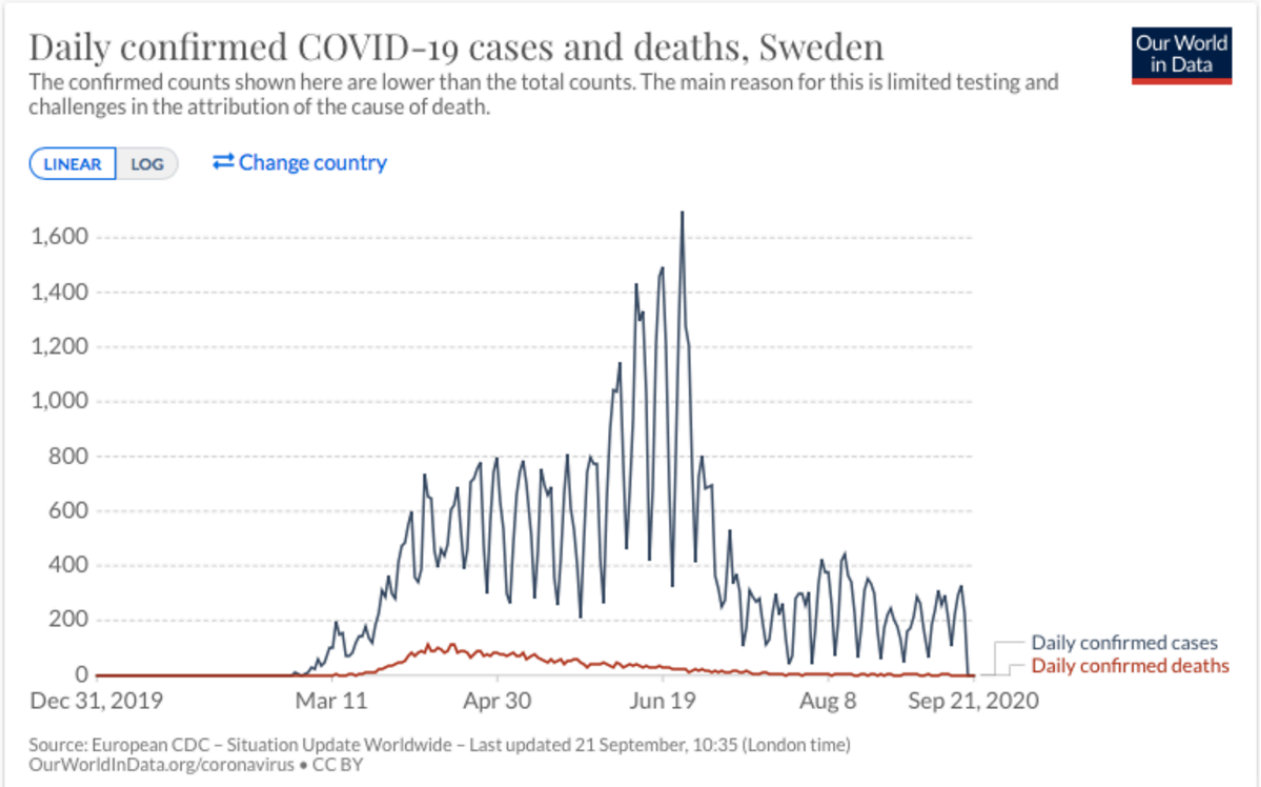

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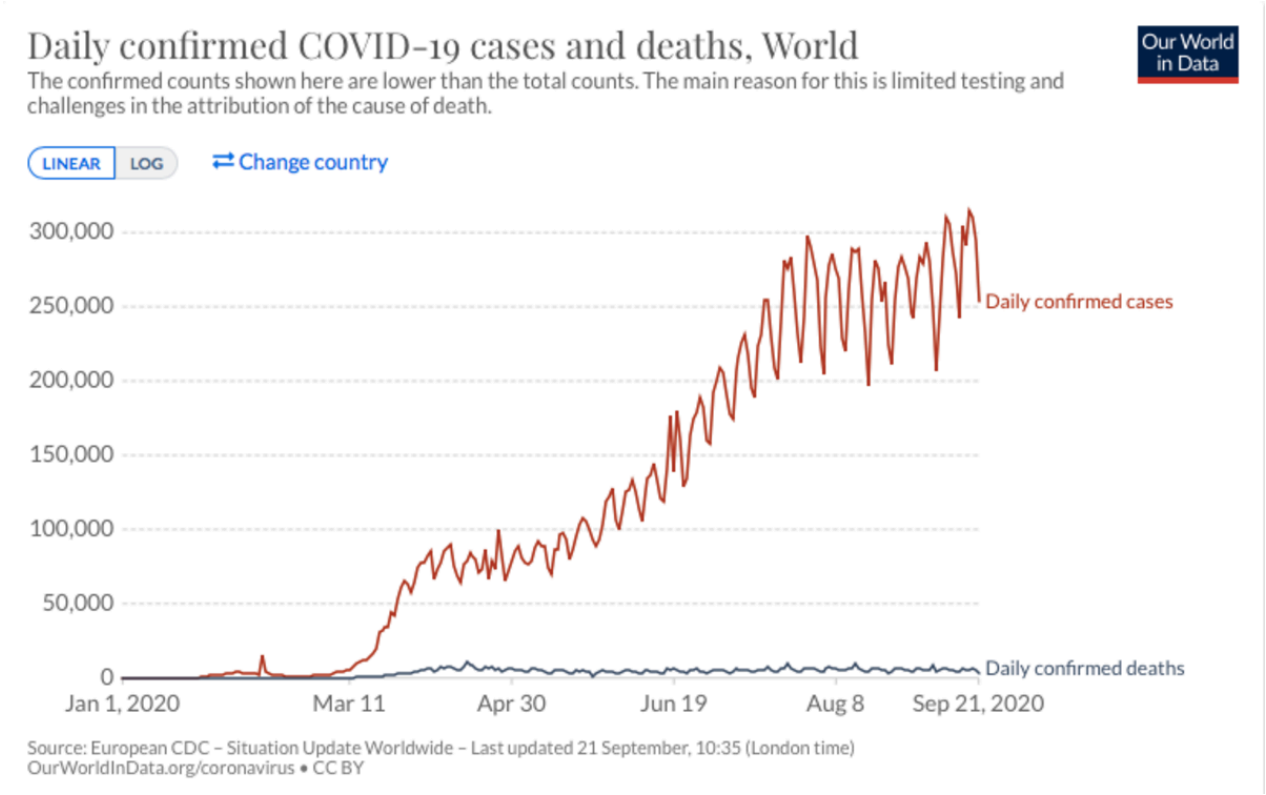

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Survival Rate of COVID Now Estimated to be 99.8%, Similar to Flu, Prior T-Cell Immunity

The survival rate of COVID-19 has been upgraded since May to 99.8% of infections. This comes close to ordinary flu, the survival rate of which is 99.9%. Although COVID can have serious after-effects, so can flu or any respiratory illness. The present survival rate is far higher than initial grim guesses in March and April, cited by Dr. Anthony Fauci, of 94%, or 20 to 30 times deadlier. The Infection Fatality Rate (IFR) value accepted by Yeadon *et al* in the paper is .26%. The survival rate of a disease is 100% minus the IFR.

Dr. Yeadon pointed out that the "novel" COVID-19 contagion is novel only in the sense that it is a new type of coronavirus. But, he said, there are presently four strains which circulate freely throughout the population, most often linked to the common cold.

In the scientific paper, Yeadon *et al* write:

> "There are at least four well characterised family members (229E, NL63, OC43 and HKU1) which are endemic and cause some of the common colds we experience, especially in winter. They all have striking sequence similarity to the new coronavirus."

The scientists argue that much of the population already has, if not antibodies to COVID, some level of "T-cell" immunity from exposure to other related coronaviruses, which have been circulating long before COVID-19.

The scientists write:

> "A major component our immune systems is the group of white blood cells called T-cells whose job it is to memorise a short piece of whatever virus we

> were infected with so the right cell types can multiply rapidly and protect us if we get a related infection. Responses to COVID-19 have been shown in dozens of blood samples taken from donors before the new virus arrived."

Introducing the idea that some prior immunity to COVID-19 already existed, the authors of "How Likely is a Second Wave?" write:

> "It is now established that at least 30% of our population already had immunological recognition of this new virus, before it even arrived…COVID-19 is new, but coronaviruses are not."

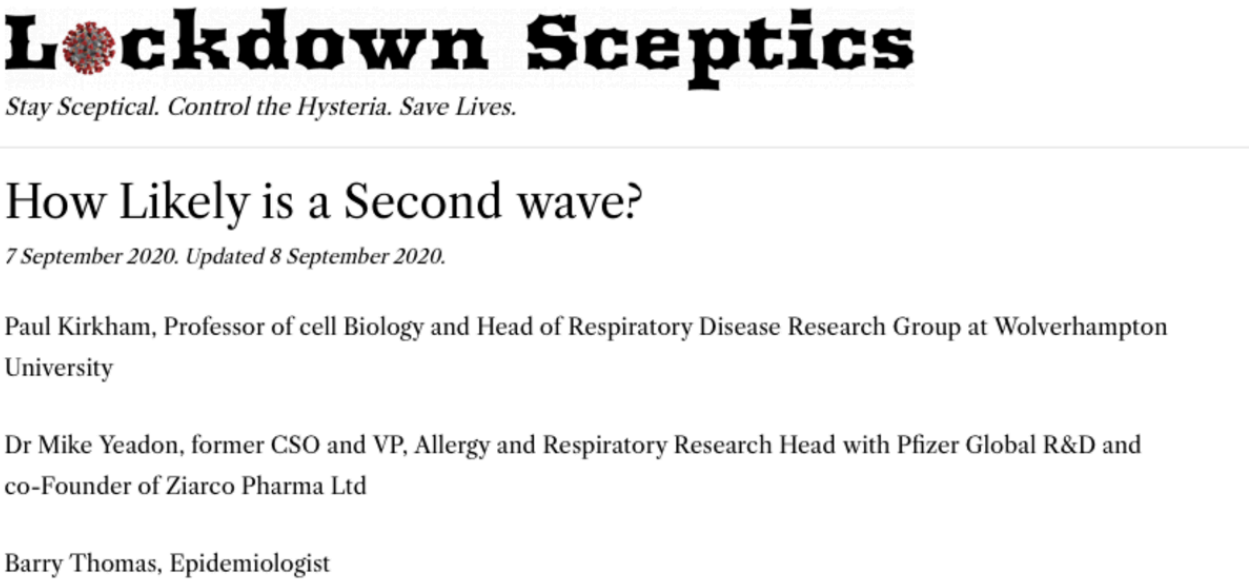
They go on to say that, because of this prior resistance, only 15-25% of a population being infected may be sufficient to reach herd immunity:

> "…epidemiological studies show that, with the extent of prior immunity that we can now reasonably assume to be the case, only 15-25% of the population being infected is sufficient to bring the spread of the virus to a halt…"

In the US, accepting a death toll of 200,000, and an infection fatality rate of 99.8%, this would mean for every person who has died, there would be about 400 people who had been infected, and lived. This would translate to around 80 million Americans, or 27% of the population. This touches Yeadon's and his colleagues' threshold for herd immunity.

The authors say:

> "current literature finds that between 20% and 50% of the population display this pre-pandemic T-cell responsiveness, meaning we could adopt an initially susceptible population value from 80% to 50%. The lower the real initial susceptibility, the more secure we are in our contention that a herd immunity threshold (HIT) has been reached."


Lockdown Sceptics

Stay Sceptical. Control the Hysteria. Save Lives.

How Likely is a Second wave?

7 September 2020. Updated 8 September 2020.

Paul Kirkham, Professor of cell Biology and Head of Respiratory Disease Research Group at Wolverhampton University

Dr Mike Yeadon, former CSO and VP, Allergy and Respiratory Research Head with Pfizer Global R&D and co-Founder of Ziarco Pharma Ltd

Barry Thomas, Epidemiologist

Masthead for "Lockdown Skeptics.org" publisher of "How Likely is a Second Wave?" | Source

The False Positive Second Wave

Of the PCR test, the prevalent COVID test used around the world, the authors write:

> "more than half of the positives are likely to be false, potentially all of them."

The authors explain that what the PCR test actually measures is "simply the presence of partial RNA sequences present in the intact virus," which could be a piece of dead virus which cannot make the subject sick, and cannot be transmitted, and cannot make anyone else sick.

> "…a true positive does not necessarily indicate the presence of viable virus. In limited studies to date, many researchers have shown that some subjects remain PCR-positive long after the ability to culture virus from swabs has disappeared. We term this a 'cold positive' (to distinguish it from a 'hot positive', someone actually infected with intact virus). The key point about 'cold positives' is that they are not ill, not symptomatic, not going to become symptomatic and, furthermore, are unable to infect others."

Overall, Dr. Yeadon builds the case that any "second wave" of COVID, and any government case for lockdowns, given the well-known principles of epidemiology, will be entirely manufactured.

In Boston this month, a lab suspended doing coronavirus testing after 400 false positives were discovered.

An analysis of PCR-based test at medical website medrxiv.org states:

> "data on PCR-based tests for similar viruses show that PCR-based testing produces enough false positive results to make positive results highly unreliable over a broad range of real-world scenarios."

University of Oxford Professor Carl Heneghan, Director of Oxford's Centre for Evidence-Based Medicine, writes in a July article "How Many COVID Diagnoses Are False Positives?":

> "going off current testing practices and results, Covid-19 might never be shown to disappear."

Of course, the most famous incidence of PCR test unreliability was when the President of Tanzania revealed to the world that he had covertly sent samples from a goat, a sheep, and a pawpaw fruit to a COVID testing lab. They all came back positive for COVID.

Made in China

In August, the government of Sweden discovered 3700 false COVID positives from test kits made by China's BGI Genomics. The kits were approved in March by the FDA for use in the US.

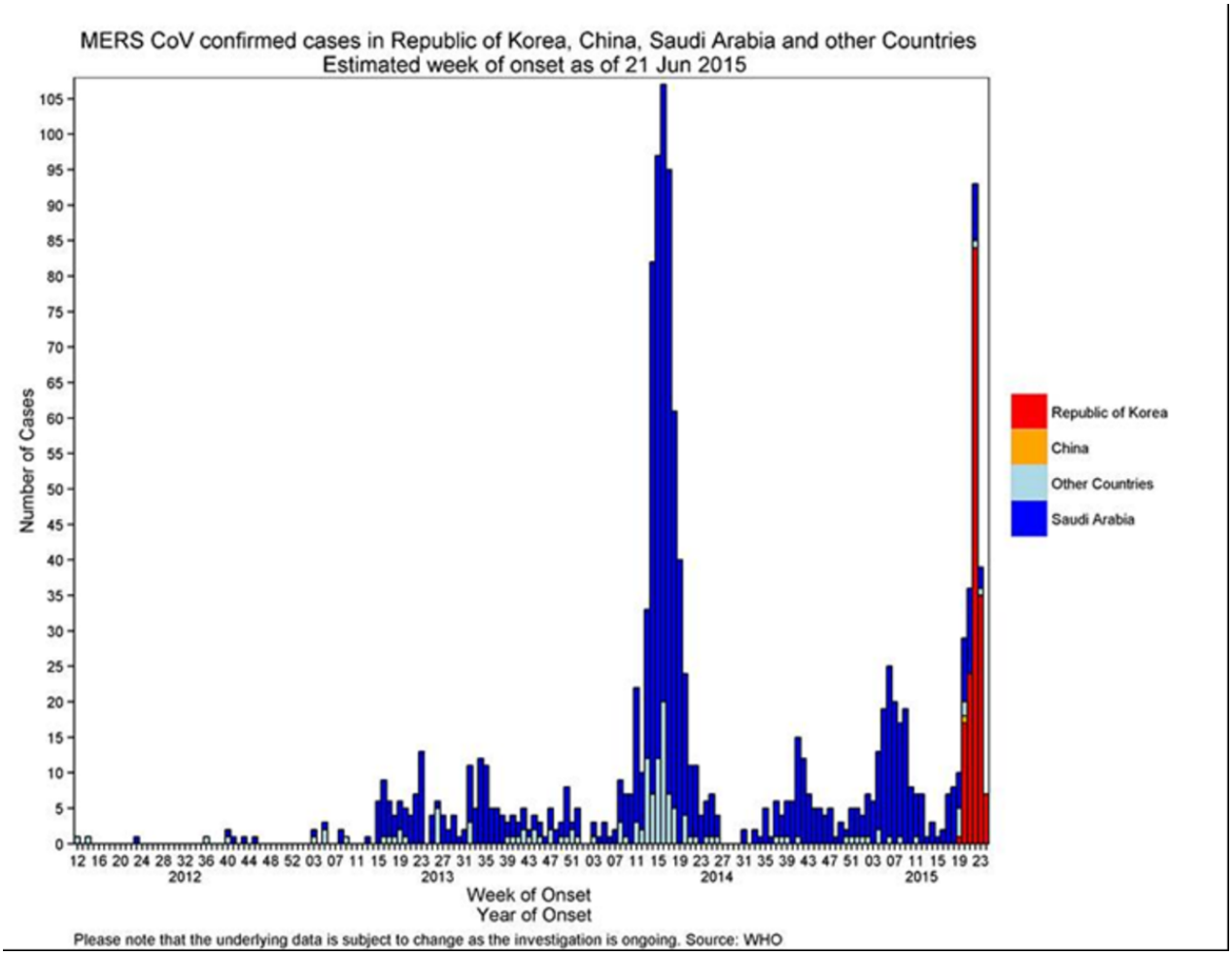
Second Waves of Coronaviruses Not Normal

Dr. Yeadon challenged the idea that all pandemics take place in subsequent waves, citing two other coronavirus outbreaks, the SARS virus in 2003, and MERS in 2012. What may seem like two waves can actually be two single waves occurring in different geographical regions. They say data gathered from the relatively recent SARS 2003 and the MERS outbreaks support their contention.

In the case of the MERS:

> "it is actually multiple single waves affecting geographically distinct populations at different times as the disease spreads. In this case the first major peak was seen in Saudi Arabia with a second peak some months later in the Republic of Korea. Analysed individually, each area followed a typical single event…"

In the interview, when questioned about the Spanish Flu epidemic of 1918, which came in successive waves during World War I, Yeadon pointed out that this was an entirely different kind of virus, not in the coronavirus family. Others have blamed general early century malnutrition and unsanitary conditions. World War I soldiers, hard hit, lived in cold mud and conditions the worst imaginable for immune resistance.



Saudi and Korea Waves of MERS Coronavirus

Lockdowns Don't Work

Another argument made by Yeadon *et al* in their September paper is that there has been no

difference in outcomes related to lockdowns.

They say:

> "The shape of the deaths vs. time curve implies a natural process and not one resulting mainly from human interventions…Famously, Sweden has adopted an almost laissez faire approach, with qualified advice given, but no generalised lockdowns. Yet its profile and that of the UK's is very similar."

Mild-Mannered Yeadon Demolishes Man Who Started It All, Professor Neil Ferguson

The former Pfizer executive and scientist singles out one former colleague for withering rebuke for his role in the pandemic, Professor Neil Ferguson. Ferguson taught at Imperial College while Yeadon was affiliated. Ferguson's computer modelprovided the rationale for governments to launch draconian orders which turned free societies into virtual prisons overnight. Over what is now estimated by the CDC to be a 99.8% survival rate virus.

Dr. Yeardon said in the interview that "no serious scientist gives any validity" to Ferguson's model.

Speaking with thinly-veiled contempt for Ferguson, Dr. Yeardon took special pains to point out to his interviewer:

> "It's important that you know most scientists don't accept that it [Ferguson's model] was even faintly right…but the government is still wedded to the model."

Yeardon joins other scientists in castigating governments for following Ferguson's model, the assumptions of which all worldwide lockdowns are based on. One of these scientists is Dr. Johan Giesecke, former chief scientist for the European Center for Disease Control and Prevention, who called Ferguson's model "the most influential scientific paper" in memory, and also "one of the most wrong."

It was Ferguson's model which held that "mitigation" measures were necessary, i.e. social distancing and business closures, in order to prevent, for example, over 2.2 million people dying from COVID in the US.

Ferguson predicted that Sweden would pay a terrible price for no lockdown, with 40,000 COVID deaths by May 1, and 100,000 by June. Sweden's death count is now 5800. The Swedish government says this coincides to a mild flu season. Although initially higher, Sweden now has a lower death rate per-capita than the US, which it achieved without the terrific economic damage still ongoing in the US. Sweden never closed restaurants, bars, sports, most schools, or movie theaters. The government never ordered people to wear masks.

Dr. Yeadon speaks bitterly of the lives lost as a result of lockdown policies, and of the "savable" countless lives which will be further lost, from important surgeries and other healthcare deferred, should lockdowns be reimposed, .

Yeardon is a successful entrepreneur, the founder of a biotech company which was acquired

by Novartis, another pharmaceutical giant. Yeadon's unit at Pfizer was the Asthma and Respiratory Research Unit. *(Yeadon, partial list of publications.)*

Sweden During International "Lockdowns"

Why is All This Happening? US Congressman Says He is Convinced of "Government Plan" to Continue Lockdowns Until a Mandatory Vaccine. Conspiracy Theories?

The list of news items grows which reflects unfavorably upon the narrative being played out on the major television networks, of a mysterious, "novel" virus which has been controlled only by an unprecedented assault on individual rights and liberties, now ready to pounce again, on already suffering populations with no choice but to submit to further government orders.

Governors have quietly extended their powers indefinitely by shifting the goalpost, without saying so, from "flattening the curve" to ease the strain on hospitals, to "no new cases." From "pandemic," to "case-demic."

In Germany, an organization of 500 German doctors and scientists has formed, who say that government response to the COVID virus has been vastly out of proportion to the actual severity of the disease.

Evidence of chicanery mounts. Both the CDC, and US Coronavirus Task Force headed by Dr. Deborah Birx, are candid that the definition of death-by-COVID has been flexible, and that the rules favor calling it COVID whenever possible. This opens the possibility of a vastly inflated death count. In New York, Governor Andrew Cuomo's administration is under federal investigation for all but signing the death warrants for thousands of nursing home elderly, when the state sent COVID patients into the nursing homes, over the helpless objections of nursing home executives and staff.

Why are the major media ignoring what would seem to be an eminently newsworthy item, an industry rockstar like Yeadon, calling out the biggest guns in the public health world? Would not the Sunday talk shows, the Chris Wallaces and Meet the Press, want to grill such a man for record audiences?

Here the talk may turn to dark agendas, and not just mere incompetence, obtuseness, and stupidity.

One opinion was put forth by US Representative Thomas Massie (R-KY) when he said on the Tom Woods Show on August 16th:

> "The secret the government is keeping from you is that they plan to keep us shut down until there is some kind of vaccine, and then whether it's compulsory at the federal level, or the state level, or maybe they persuade your employers though another PPP program that you won't qualify for unless you make your employees get the vaccine, I think that's their plan. Somebody convince me that's not their plan, because there is no logical ending to this other than that."

Another theory is that the COVID crisis is being used consolidate never-before-imaged levels of control over individuals and society by elites. This is put forth by the nephew of the slain president, Robert F. Kennedy Jr., son of also-assassinated Bobby Kennedy. In a speech at a massive anti-lockdown, anti-mandatory COVID vaccination rally in Germany, Bobby Jr. warned of the existence of a:

> "bio-security agenda, the rise of the authoritarian surveillance state and the Big Pharma sponsored coup d'etat against liberal democracy…The pandemic is a crisis of convenience for the elite who are dictating these policies,"

In a lawsuit, Kennedy Jr.'s medical witnesses warn that mandatory flu shots many make children more susceptible to COVID.

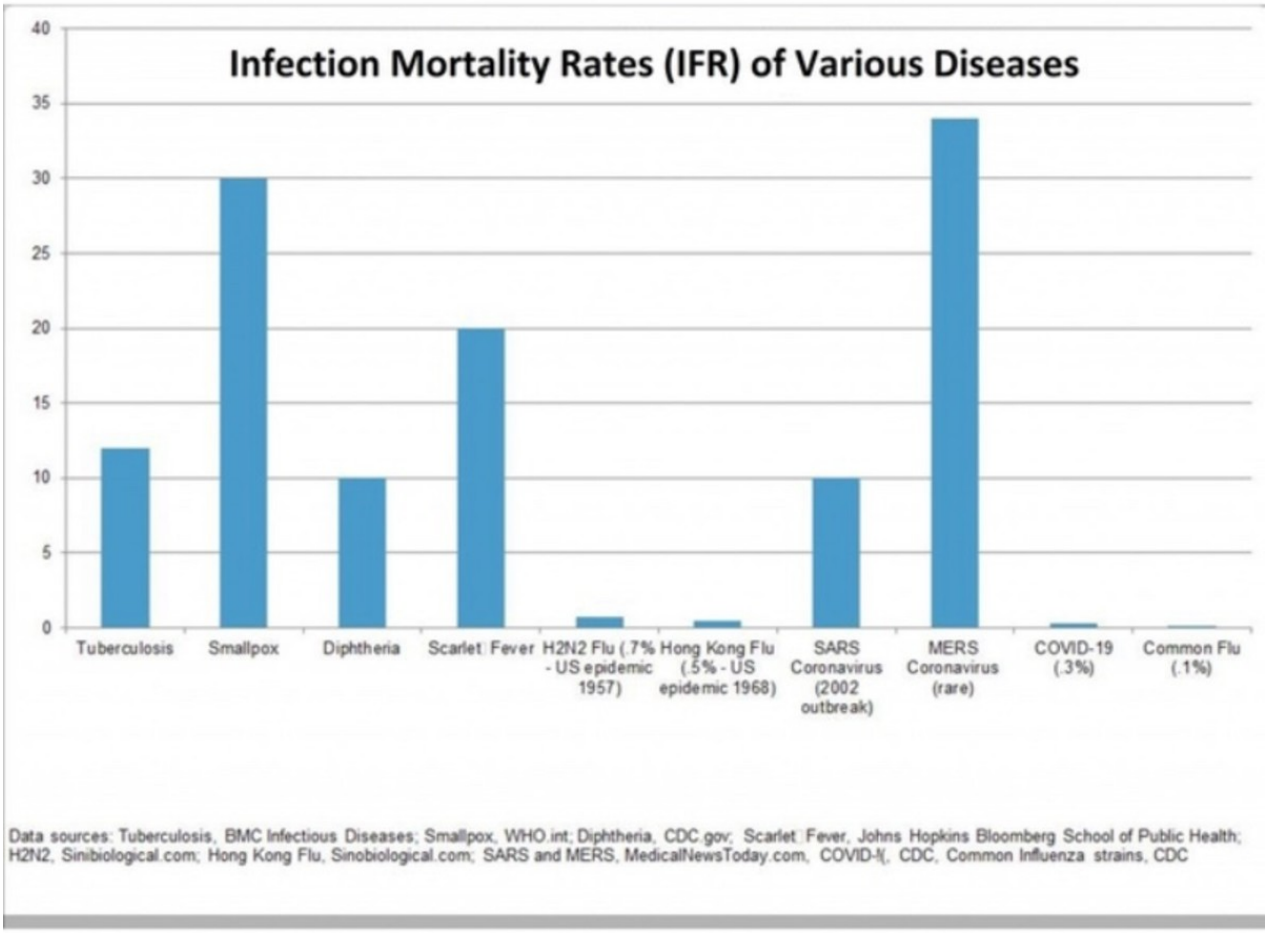
The warnings of dire intentions of Kennedy's "elite" are coming from more mainstream sources. Dr. Joseph Marcela, of the highly trusted, mega-traffic medical information site Mercola.com, has penned a careful review of one doctor's claims of genetics-altering vaccines coming our way.

And it does not assuage fears that a defense establishment website, Defense One, reports that permanent under-the skin biochips, injectable by the same syringe that holds a vaccine, may soon be approved by the FDA. It does not help the anti-conspiracy theory cause that, according to Newsweek, Dr. Anthony Fauci actually did give NIH funding to Wuhan lab for bat coronavirus research so dangerous it was opposed on record by 200 scientists, and banned in the US.

In 1957, a pandemic hit, the H2N2 Asian Flu with a .7% Infection Fatality Rate, which killed as many people per capita in the US as the COVID has claimed now. There was never a single mention of it in the news at the time, never mind the extraordinary upheaval that we see now. In 1968 the Hong Kong Flu hit the US (.5% IFR,) taking 100,000 people when the US had a markedly lower population. Not single alarm was raised, not a single store closed nor even a network news story. The following summer the largest gathering in US history

took place, Woodstock.

Mass hysteria is never accidental, but benefits someone. The only question left to answer is, who?



August Protest in Berlin Against Lockdown, and Against Mandatory COVID Vaccination| Source

Woodstock 1969

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