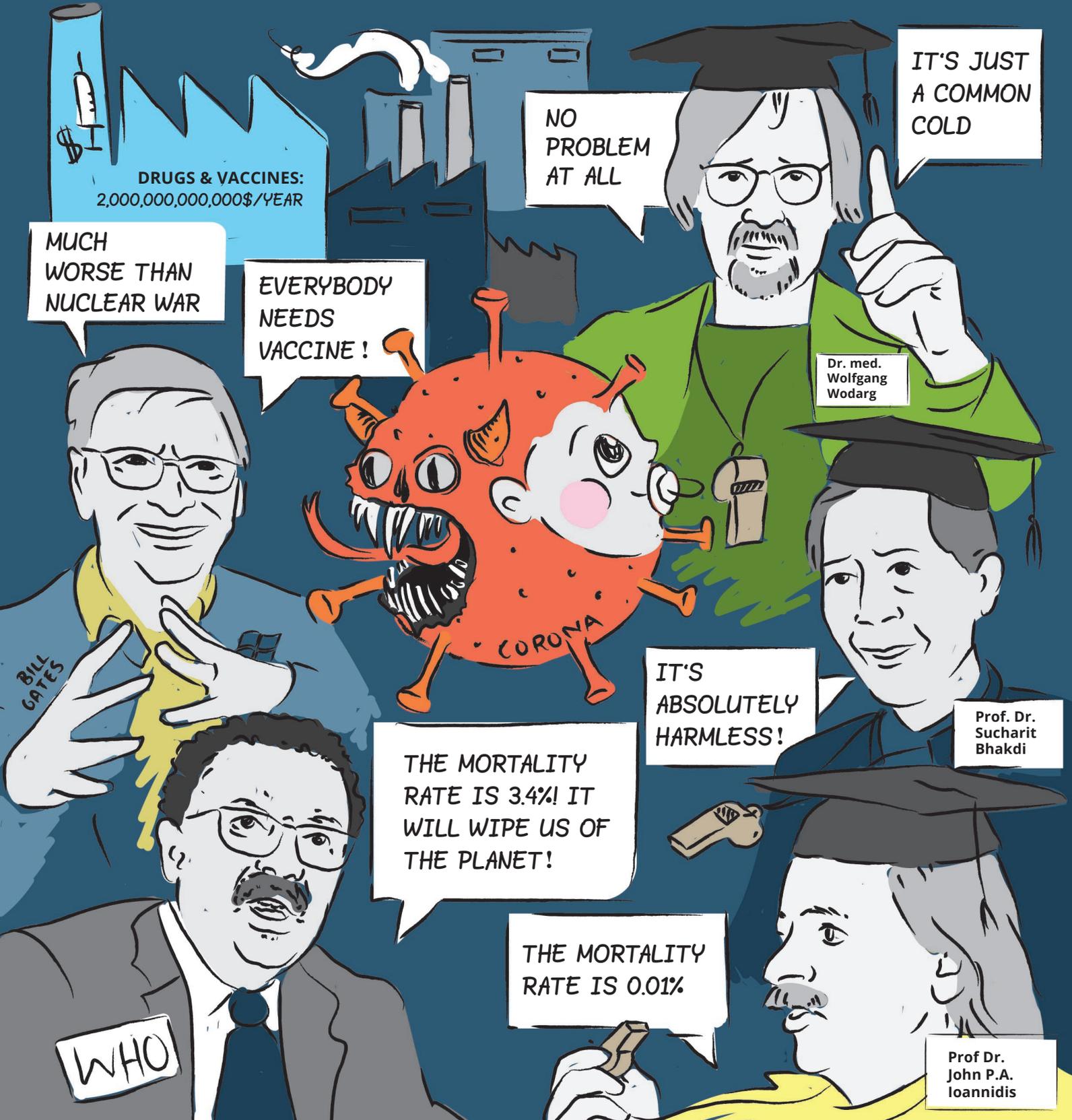


A TRIBUTE TO THE CORONA

VIRUS COVID-19 (SARS-COV-2)

WHISTLE-BLOWERS

WHO & INDUSTRY VS. EXPERTS



IT'S JUST A COMMON COLD

NO PROBLEM AT ALL

DRUGS & VACCINES:
2,000,000,000,000\$/YEAR

MUCH WORSE THAN NUCLEAR WAR

EVERYBODY NEEDS VACCINE!

Dr. med. Wolfgang Wodarg

BILL GATES

IT'S ABSOLUTELY HARMLESS!

Prof. Dr. Sucharit Bhakdi

THE MORTALITY RATE IS 3.4%! IT WILL WIPE US OF THE PLANET!

THE MORTALITY RATE IS 0.01%

WHO

Prof. Dr. John P.A. Ioannidis

A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers

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Abstract

We are at this moment in the middle of the Corona COVID-19 (SARS-CoV-2) pandemic facing a global disaster, which seemingly is caused by a new deadly virus the whole world is trying to cope with after warning from the World Health Organization (WHO) about a mortality of 3.4%. Three leading experts in infectious diseases, Wolfgang Wodarg, Sucharit Bhakdi and John PA Ioannidis on the other hand hold the position that we are misinterpreting the statistics and instead facing a misinformation campaign, not a dangerous new virus. The WHO is counting the death-numbers wrongly, ignoring large dark numbers of infected, and ignoring both all we know about the Corona virus already, and all the statistics on the common cold and flu we have access to, and the statistics on mortality in the population we also have access to, thus creating an image of a mortal pandemic. Unfortunately, the politicians of the world have reacted to the WHO campaign as if it was true, creating massive fear in the population, which now has come to believe that we are facing a deathly new infection. Massive fear boosts the symptoms of Corona patients strongly in susceptible individual for psychosomatic reasons: If you believe you have a mortal infection, and everybody, including your own doctor and the hospital affirms you in this belief, it is only natural that you feel miserable. If you feel bad at the hospital, you will be treated. Hospitalization, ventilators, and drugs can give hospital infections, side effects, and increase mortality. In this way, the world has affirmed itself in the illusion of a mortal pandemic, which simply does not exist to begin with. COVID-19 has a mortality of around 0.01%, in accordance with the death statistics from many countries.

Keywords: Corona virus, COVID-19, SARS-CoV-2, pandemic, psychosomatic theory, mortality rate, case fatality rate, World Health Organization, corruption, misinformation, politics, economy

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KEY POINTS

Three Corona COVID-19 (SARS-CoV-2) Whistle-blowers, Wodarg, Bhakdi, and Ioannidis agrees on:

- The new Corona virus is just the harmless, common cold.
- The mortality rate is 0.01%, ten times less than influenza.
- WHO exaggerates the mortality 340 times, saying the COVID-19 has a mortality rate of 3.4%. This high number comes from the case fatality rate, which has nothing to do with the mortality rate!
- Doctors overreact, burdening the health care sector.
- Politicians overreact, limit personal freedom, compromise quality of life, harm the economy, and shorten life expectancy.

We find:

- Fear boosts the symptoms psychosomatically, making COVID-19 look like a new disease.

Introduction

At the moment the whole world is closing down under the pressure of a deadly new Corona virus, the COVID-19, which is reported to kill thousands of people. Every day the media is giving us new numbers of the dead by Corona from each country. Emergency laws are passed daily everywhere, and most European countries have closed the borders, closed schools, workplaces, restaurants and public meeting places, almost stopped production, and send millions of workers home. Over two billion people have been quarantined worldwide. People are suffering, economy is suffering, personal freedom limited overall. That is the sad state of the world March 26th 2020.

According to the German lung specialist Wolfgang Wodarg the new SARS-CoV-2 virus is harmless and just another common cold (1-9). The only reason we

know about this virus is a new Corona-test, which recently came into use, making the spread of virus trackable. Nevertheless, it is a test, which has not been scientifically validated and it seems to be seriously flawed, unspecific and not precise. Nevertheless science agree that a novel Corona virus, COVID-19, is spreading over the world.

But there are always new viruses spreading, which is not a problem if it is not dangerous. Leading researchers in medicine and infection biology, like Professor Bhakdi (10-15), Professor John PA Ioannidis (16-20), and Professor Jay Bhattacharya (21, 22) all say the same: There is no scientific evidence to back the claim that the new Corona COVID-19 should be dangerous; therefore we must assume, that it is just as harmless as the common cold we had last year, and the year before, and the year before that, and every year since forever. That is the logic of science: If you do not know anything specific, you have to go with the simplest explanation, which is that what you are facing today is just the normal thing, the same as yesterday. This follows from the famous principle of Occam's razor (23).

If this is true, what about the horrible statistics you see every day in the media? Are all these death counts not documenting the horrible viral mortality? No, says Wodarg, Bhakdi, and Ioannidis, again in perfect agreement: these horrible numbers are scary, but when you look closer they are just a product of the wrong way the statistics are made, the poor quality of data collected, and of severely manipulated interpretations of the statistics (1-22).

All normal scientific indicators of common cold and flu, which are still available in most countries, show that there is no signs of any abnormal virus attacking us. There is no documented over-mortality, not even in Italy, where the Corona reports say that 7% of the Corona infected have died (19). When Wodarg, Bhakdi, and Ioannidis calculated the mortality rate from the available numbers, they all found the same low mortality rate for Corona COVID-19 of 0.01% (1-22). This is 10 times less than a normal flu. Nothing to worry about at all!

The information about a deadly COVID-19 pandemic comes from the World Health Organization (WHO), claiming that the new virus has a mortality of 3.4% (24, 25) and from the national statistics, which WHO have been guiding the making of (26). WHO has

warned the world that we are facing the medical catastrophe of the century. Politicians all over the world have taken WHO's warning very seriously and reacted accordingly. "Better safe than sorry" has been the motto.

If that was the whole story, it would be understandable what is happening, maybe even reasonable. The problem is that there have been enormous problems with the information coming from WHO about pandemics already. Anybody who remembers the Swine Flu scandal from 2009 will immediately have this reaction (27-70): But can we trust WHO in this?

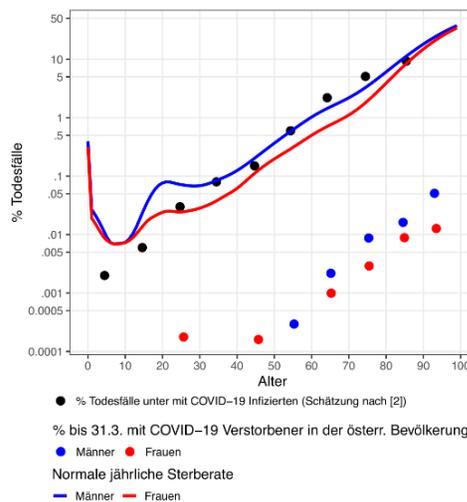
Swine flu

In the 2009 H1N1 influenza "Swine flu" pandemic, WHO was making the flu much worse than it was; in the end the Swine flu turned out to be one of the mildest influenzas we have ever had. The problem was that

Journalists researched the WHO and found a much too close cooperation with the pharmaceutical industry, leading the researching journalists to conclude that WHO had fallen victim to corruption: the pharmaceutical industry had placed its own people in the WHO advising committee, and in this way the industry could control WHO (27-70). The corruption of WHO was condemned by many countries and by many national and international organisations ((27-70).

Wolfgang Wodarg was chairman of the PACE Health Committee during the Swine Flu pandemic and said then: "The WHO's "false pandemic" flu campaign is one of the greatest medicine scandals of the century" (37). In 2010 he also stated that: "The definition of an alarming pandemic must not be under the influence of drug-sellers" (37).

When Wodarg, Bhakdi, Ioannidis say that the mortality rate of Corona COVID-19 is very low, about 0.01%, they backed it up with recent mortality statistics from the USA (17), Denmark (71), Austria (72) (see Figure 1) and Italy (2,8) – which all shows, that there



WHO pushed the Swine flu vaccine to such an extent that almost all countries bought unnecessary vaccine, which later had to be sent to destruction. Vaccine for billions of dollars (27-70).

is no over-mortality this spring in any of these countries. If there was a harmful virus spreading, there should be somebody dying from it, which is not the case according to these statistics.

Figure 1. A new study on Corona COVID-19 mortality in Austria (72) has looked into the difference in mortality for persons with and without a positive Corona COVID 19 test; the study shows no difference at all in mortality, no matter how old you are! The finding is in accordance with the estimate of Wodarg, Bhakdi and Ioannidis of a mortality rate of 0.01% for COVID-19.

So this becomes a strange story, where WHO claims the COVID-19 to be a factor 340 times more deadly than what Wodarg, Bhakdi, Ioannidis says. The difference between these two estimates is extreme, so who is right and who is wrong here?

Again, the picture is more complex

Many clinicians have unusual, strong symptoms from patients infected with Corona COVID-19; the symptoms look strangely like symptoms from the brain, not from the body; they look like neurological symptoms (73, 74). A general pattern is that the patients can feel very miserable; in some cases, COVID-19 may present as malaise, disorientation, or exhaustion (73). That is not a part of the common cold as we know it, so are we dealing with a new dangerous virus after all? The vast number of seemingly neurological symptoms is likely to be psychological symptoms; and these points to the strangeness of the clinical picture of COVID-19, which is definitely different from the normal common cold.

Here we present a *psychosomatic hypothesis* for COVID-19. We suggest that the massive misinformation by the media, constantly repeating misinterpretations of poorly made statistics on the Corona mortality, and the general alarm about the Corona virus, in our societies and especially in all parts of the health care sectors, makes people *believe* that COVID-19 is a deadly new disease.

Dramatic precautions made in many countries to prevent the spread of the Corona infection create a state of public panic, which has an extremely strong impact on vulnerable, suggestible souls, which is exactly what is needed to make a common cold look clinically like a serious disease in these people.

This is in accordance with the reported polarity the COVID-19 patients have shown (73, 74), where most people do not even notice the infection, because it is subclinical, and many people who do get symptoms only get mild symptoms, while others have wild and extreme reactions, where they go fast into a severe clinical state with many strong symptoms, many of which seem to come from the brain/mind, and not from the body.

The theory is that the people who have a mild reaction simply recognize the infection as another

harmless, common cold, and react according to their prior experience with common cold. The sensitive and susceptible people add their fear of death and a general tendency to worry, to their infected state, and they therefore react strongly, when they realize that they are infected with Corona. These people are very attentive to all symptoms, making them stronger. The fear and disorientation is seen to come from the infection but is really coming from the mind as a reaction to the situation, where they believe that they have caught a mortal infection.

Amongst the latter are the people who are too willingly to follow their doctor's idea of treatment and hospitalisation, and even a group of people, also younger people, who insist on going straight to intensive care, in the bleak hope that they will survive this horrible, deadly COVID-19 infection they already have heard so much about.

If Wodarg, Bhakdi, and Ioannidis are right and the novel Corona COVID 19 is as harmless as any other common cold, the new Corona COVID-19 can still look clinically like a new, much more serious disease than the common cold, because of the extreme circumstances. This is very important to point out.

Something strange is happening

Something very strange and unusual is definitely going on in the COVID-19 pandemic. People behind the WHO and the research in Corona virus vaccines, like Bill Gates, who has invested billions of dollars into the vaccine industry (75, 76), has publicly stated that viruses are a bigger threat to health than nuclear war (76) and thus the new threat of mankind.

According to Wodarg, Bhakdi, and Ioannidis it is not true that we are facing a new deadly virus, and it is also extremely unlikely that a Corona virus will mutate into a dangerous virus, because our body is so familiar with this type of viruses that it has extremely good immunity to them. This is why most infected people do not even notice that they are infected.

Instead, we are facing a "Corona hype," which might very well just be another gigantic WHO-scare-campaign, with dire consequences for the whole, global community, but this time done so well that we cannot so easily call the bluff. If that is the case, you

can say that WHO learned from its mistake in 2009. Meaning that there is no vaccine ready to buy; this is a smart thing and the connection to the pharmaceutical industry is more hidden. Or is it? WHO's agenda with exaggerating the Corona virus mortality is not so clear, because there are many interests impacting the WHO.

Something to think about

The obvious hypothesis is, that we face a scare-campaign intended to once again make the whole world buy unnecessary vaccines for billions or trillions of dollars, as a cure for the new "deadly" COVID-19 virus and many, many dangerous viruses yet to come. This suspicion is logical as it already happened in 2009 with the Swine flu scandal (27-70).

An alternative hypothesis is that WHO, now functioning as a private institution, simply is after more funding and more power for itself, and therefore make interpretations and guide the fabrication of statistics that documents its own importance. President Trump in the United States had seen this and stopped a yearly funding of WHO for 400 million dollars.

A third hypothesis is that the problem is not so much WHO itself, but that it is the politicians, who are naively relying on the WHO, instead of following the world's leading experts in science, for their knowledge and understanding of diseases and their cures, that create the problem. It is very strange that politicians follow the WHO in the light of the former Swine flu scandal. We have seen all over the world, that politicians have been very fast to claim and use the absolute power, which the fear of a new super-deadly pandemic gives them; the problem might simply be that politicians in general love to step into the limelight and play heroes, saving the world from a deadly pandemic. Politicians might love this play so much that they fail to analyse the situation carefully, and they obviously also fail to analyse the dire consequences of their actions. Basically, in the heat of the day, the politicians fail to step back and see, that the whole thing about the Corona virus is about saving the very sick, old people from dying on average a few weeks earlier than expected. Because that is what we are talking about.

You might know that the average age of people in the "dead by Corona COVID-19 statistics," even in

Italy, the country said to suffer most from the novel Corona virus, is 81 years old, and that 99% of the dead patients had 1, 2 or even 3 serious diseases (comorbidity) already (8, 10, 18-22).

Could it be that the industry has its people everywhere to help the politicians look towards WHO? Is what we see in the COVID-19 pandemic simply the influence of cooperating pharmaceutical industries (called "Big Pharma")? We know that the pharmaceutical industry is employing millions of people all over the world; with a yearly turnover of about two trillion dollars, they are becoming more powerful than even some national states. Due to size, accumulation of money, bought academic status, and other assets, combined with massive marketing, and worldwide lobbyism, they have an enormous influence. The pharmaceutical industry acts through the doctors, that benefit from the cooperation in many ways and the critique of the industry's use of doctors in the medico-industrial complex is nothing new (77). Maybe the Corona hype is not about WHO at all, but about hidden and ubiquitous actions of Big Pharma?

Maybe it is not the pharmaceutical industry that is behind this, but people with interest, like Bill Gates, who has invested billions of dollars in the vaccine industry and at the same time gives billions of dollars to the WHO? What we see these days might be a New World Order where big commercial interest and single people with endless amounts of money, and not common sense and democratic processes, controls the world?

What are we trying to say?

In this paper we will take a brief look into many of the aspects mentioned above. It is simply impossible in a single paper to go deep; what we hope to do is to start a debate and encourage investigation into the many unknown and unclear things we are facing.

The analyses of Wodarg, Bhakdi and Ioannidis stay with the science; they do not talk about politics. But they all strongly criticize the WHO for saying that COVID-19 is dangerous, with a mortality rate of 3.4%, without having any scientific support of this statement at all. Their analyses are clear and relevant and their conclusions seems in agreement with each other: We are all totally overreacting – people, patients, doctors,

and politicians. The whole world has entered a state of hysteria; what sociologists and psychologists call *mass hysteria* or *mass psychosis* (78). That was what we also saw in 2009 (31, 32).

In this phenomenon, collective illusions of threats, whether real or imaginary, are transmitted through a population in society as a result of rumours and fear. In medicine, the term is used to describe the spontaneous manifestation of the same or similar hysterical physical symptoms by more than one person; a common type of mass hysteria occurs when a group of people believe they are suffering from a similar disease or ailment; this has been seen countless times through history (78). Such beliefs often have some base in reality, which makes it much harder to realize the illusionary nature of the mass hysteria, as in this case of the Corona virus.

The three Whistle-Blowers we have chosen to focus on in this article are not alone with the message that we are making a scary monster out of a harmless common cold; a large number of doctors and academics in many countries are saying the same. We have chosen these three people because of their clarity of speech, excellence in scientific skills, and their bravery in talking straight against the opinion of a whole world in panic.

Please keep in mind that the protest against what is happening worldwide in the Corona COVID-19 pandemic is not coming from a few crazy scientists, but from a substantial fraction of the scientific community. Many more could talk, but do not dare. As we shall see, even in our modern democracy, talking against the politicians can easily cost your job.

In this paper, we first look into what the Whistle-blowers are saying, and after that we discuss some of the many questions this brings up.

Wolfgang Wodarg (1)

Wolfgang Wodarg (see Figure 2) (born March 2, 1947) is a German physician specialized in lung diseases with a subspecialty in virology. He is also a politician for SPD (Sozialdemokratische Partei Deutschlands), the Social Democratic Party in Germany. As chair of the Parliamentary Assembly of the Council of Europe Health Committee Wodarg co-signed a proposed resolution on December 18, 2009, which was discussed January 2010 in an emergency debate (“faked

pandemics, a threat to health. PACE Plenary session social affairs Council of Europe to investigate WHO Jan 25-29, 2010”). Wodarg called at that time for an inquiry into alleged undue influence exerted by pharmaceutical companies on the World Health Organization’s global H1N1 flu campaign (27, 28, 37).

Education and profession (1,3-8)

Wodarg is from Schleswig-Holstein. He studied medicine in Berlin and Hamburg and got his physician's licence in 1973, and in 1974 he received his Dr Med doctorate degree from the University of Hamburg. Since 1983 he has held the position of Amtsarzt (regional medical director) at the Health Department of Flensburg and a lecturer at the University of Flensburg. Wodarg has given courses at the Charité Berlin and at other European universities on the topics of research and ethics, European policy, healthcare and sociological issues in healthcare, politics and science.

He is a lung specialist, a doctor in the state health system, occupational physician and former head of the Health Department of the city of Flensburg, where he was head of the Department of Pulmonary and Bronchial Medicine. He was a member of the examination boards of the Schleswig Holstein Medical Association for environmental medicine, pulmonary and bronchial medicine and for social medicine. In 1991, Wolfgang Wodarg received a scholarship to study epidemiology and health economics at Johns Hopkins University in Baltimore, United States.

Party affiliation (1)

Wodarg has been a member of the Social Democratic Party (SPD) since 1988. From 1992 to 2002 he was the head of the SPD's Schleswig-Flensburg district. From November 19, 2005 to December 1, 2007 Wodarg was chairman of the SPD district of Flensburg. Since 1990 Wodarg has been member of the executive committee of the national Association of Social Democrats in the Health Sector, and since 1994 the federal deputy chairman, and in 2002 he became elected chairman of the federal Committee.

Member of Parliament (1)

From 1986 to 1998 Wodarg belonged to the parish council of his native Nieby. From 1994 to 2009 he has been a member of the Bundestag. Here Wodarg was spokesman from 2003 to 2005 of the SPD caucus in the inquiry commission *ethics and law of modern medicine*. Since 1999 Wodarg has also belonged to the Parliamentary Assembly of the Council of Europe. Since 2002 he has been vice chairman of the Socialist Group, and since 2006 president of the German social democrats and deputy head of the German delegation. Some of his famous quotes:

“The WHO’s “false pandemic” flu campaign is one of the greatest medicine scandals of the century.”

“The definition of an alarming pandemic must not be under the influence of drug-sellers” (37).

What is Wolfgang Wodarg saying about the Corona COVID-19 Pandemic?



Figure 2. Wolfgang Wodarg compares the Corona situation to Hans Christian Andersen’s story about the Emperor who was tricked to believe he has cloth on, by two smart hustlers. First when a small child says: “The emperor is naked” can everybody see the fraud. Wodarg obviously sees himself as the small child (8).

According to Local Today (Lokalheute) (March 17 2020), Wodarg takes a clear stand regarding the Corona COVID-19 pandemic, here is the text following a video where Wodarg presents his viewpoints (8):

“The current panic has nothing to do with illness or epidemics.” claims Dr Wolfgang Wodarg - not a conspiracy

theorist, but as a pulmonologist and former head of a health department with his own monitoring system for flu diseases, someone who knows what he is talking about. He is convinced that: “All flu watch indicators only show normal values. No exceptional cases of serious illness are registered in China, Italy or anywhere else.”

The doctor from Kiel is asking questions and seeking to understand why the perception [of the disease] is different in politics and in the society. He is not one of those who want to play down Covid-19 - like many other viruses it should not be underestimated.

China shocked its people in Wuhan for only two months and demonstrated to the world how to track down an epidemic, hype it up, and then fight it using authority. European countries are now following this theatre and isolating each other. In Europe, the economy is collapsing and human rights are being forgotten, while China has just finished these useless COVID-19 tests and has quickly declared the crisis to be a foreign problem”, said the pulmonologist. Covid-19 - a real danger or have we all just gotten blind? Form your own opinion on LOKALHEUTE.TV

It is then noted that “Local Today is not taking side, neither pro or contra, nor are we talking against any presumed necessary precautionary measures - we lack the specialist knowledge. But of course we have verified the statements”.

Wodarg’s homepage (2)

Wolfgang Wodarg also communicates to the public via his webpage (2). Here he has the following statements about the Corona COVID-19 Pandemic:

Health assessment: There is no valid data and no evidence of exceptional health threats.

Undisputed facts: The official mortality statistics, which are still available, and various national flu monitoring institutes show the normal course of the curves.

The seasonal “flu” is as usual.

Corona viruses are and have always been there. Corona viruses, influenza viruses and other viruses have to change continuously. So “new” viruses are normal.

The significance and application of the [Corona COVID-19] PCR tests: The tests used have not been officially validated, but have only been approved by cooperating institutes. The tests are often selective (Wuhan

and Italy) e.g., applied to critically ill people anyway and are then useless for the assessment of a disease risk. Without the tests, which are questionable in terms of their informative value, and gives a misleading picture of the situation, there would be no indication for emergency measures.

Other risks of wrong interpretations:

WHO is financially dependent on the Gates Foundation.
The non-verifiable pandemic scenarios are images used to scare the public.

Wuhan and Italy are used to produce scary pictures.

Even in Italy, without the new tests, you would only see the annual flu damage.

On this website you will find numerous documents and sources to support his statements above.

Wodarg on the radio (6)

In a radio interview in Radio München March 27 2020, “Covid 19 - Test ist unspezifisch - Dr. Wolfgang Wodarg” Wodarg further explain his hypothesis, that if we did not have the new Corona test, we would not notice anything about the Corona virus COVID-19 at all. This year’s global Corona infection would just be another common cold with a harmless virus.

The problems with the test is that it is un-specific; if anybody had a corona infection in the past it will be positive, and often the tested will have three different corona viruses reacting to the test. The inventor of the test made a protocol that was submitted to the WHO; everybody can download it. The protocol shows that the test finds all Asian SARS, not only one. The test only shows that the tested people at some point had contact with one of these SARS viruses.

Wodarg is also here pointing to the fact that in Italy, the country where the Corona is said to kill most people, 99% of the patients who were tested positive for Corona and died, already suffered from several severe diseases and disabilities, which is the true cause of death, not the Corona virus (10-12). There are not more people dying in Italy this year than at the same time last year, so there is no deadly pandemic, not even in Italy (2-8). The horrible mortality numbers comes from the way the statistics are made; it has nothing to do with a dangerous infection.

About the people dying from Corona in the statistics, without having a dangerous disease before

the infection, Wodarg explains that Spain, Italy and Greece are known for having a very high antibiotic resistance. In hospitals, these countries have very high rates of hospital infections. If you go to a hospital in Italy, you are in life-danger. If you are lung-ventilated, the risk for getting such a hospital infection is again much higher. Wodarg is stressing the fact, that most infections are subclinical, because Corona viruses are so common that almost all people have good immunological resistance to them. Wodarg is worried that he finds the same researchers names involved in the new Corona research as in the research, which was used by the WHO to create the Swine flu scandal.

The text to the Radio program says:

“Corona – COVID-19: No topic has brought society to [such an extreme] level of action and at the same time to a standstill in the shortest possible time like this little virus. The climate crisis has not done it, terrorist attacks have not done it... Everybody is coming together against this new enemy. One of the first to take a public stand against the panic was Dr Wolfgang Wodarg and was accordingly treated badly in the media. Hardly any controversy about his theses remained factual and above the belt. So here is a list of his expertise...”

Can we trust Wolfgang Wodarg?

The fact that Wodarg is also a politician makes it necessary to ask this question as political interests could bias his views. Wodarg seems to have his science right, and he is as a lung specialist talking within his area of expertise. The question is if he as a politician is going for the limelight with an intended controversial position on the Corona COVID-19 pandemic. Wodarg’s position that the whole thing is a “hype,” not a dangerous virus, seems to be a very difficult position to hold in the public space, where so many people are genuinely worried because of the information they have received from the media and the German health officials, that the Corona virus has a very high mortality rate.

Wodarg is an experienced politician, with many years in the German parliament. Also, he is 73 years old. Therefore, it does not seem likely that he is after quick fame and popularity, and a career boost. The position Wodarg hold is not a new position either; he had the same position in 2009 with the Swine Flu pandemic, where it turned out that he was right.

Corona Whistle-Blowers

He is not an extremist in any way, but a politician close to the political center; therefore, we have no reason to believe that he has a predilection for extreme positions. All in all, we find Wodarg trustworthy.

Sucharit Bhakdi (9)

Professor Sucharit Bhakdi, is a microbiologists and researcher, who has made substantial scientific contributions to our knowledge of the proteins, our immune system, our blood complement system, bacteriology and pathology. Bhakdi is one of the most-cited medical researchers in Germany. Bhakdi, born 1st November 1946 in Washington DC, United States, is son of Thai parents in the diplomatic service, studied human medicine at the University of Bonn from 1963 to 1970, from 1966 to 1970 as a fellow of the German Academic Exchange Service. In February 1971 he received his PhD. From 1972 to 1974, he received a scholarship from the Max Planck Society, at the Max Planck Institute for Immunobiology in Freiburg. From 1974 to 1976 he received a scholarship from the

Alexander-von-Humboldt Foundation at the Max Planck Institute for Immunobiology in Freiburg. After a one-year stay at the University of Copenhagen, he worked from 1977 to 1990 at the Institute of Medical Microbiology of the Justus-Liebig-University in Giessen, Germany. He was appointed C2 Professor in 1982 and 1987 as C3 Professor of Medical Microbiology, before being called to the University of Mainz in 1990.

From 1991 he taught as a professor at the Institute of Medical Microbiology and Hygiene. Bhakdi was a member of the Special Research Area of the German Research Community “Proteins as Tools in Biology” at the University of Giessen (1987-1909), Deputy Speaker of the Special Research Area “Immunopathogenesis” (1990-1999) and Speaker of the Special Infection Area in Mainz (2000–2011). Bhakdi has recently published a series of open video-letters (see Figures 3-7), where he states that the Corona COVID-19 infection is just the common cold, which due to new test-methods and new ways of making statistics has come to look dangerous (9-15).



Figure 3. Bhakti tells us that COVID-19 is not dangerous at all.

Søren Ventegodt and Joav Merrick

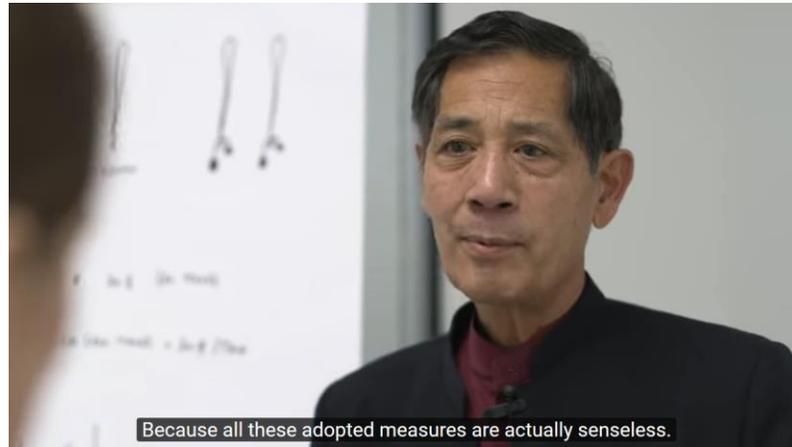


Figure 4. Bhakti tells us that the adopted measure are “senseless.”

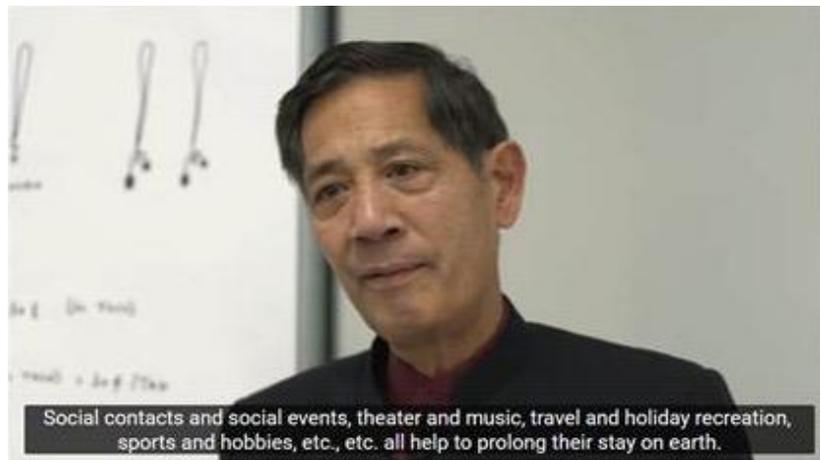


Figure 5. Bhakti tells us that the quarantine might shorten people’s lives.



Figure 6. Bhakti warns against the horrible consequences of damage on the world’s economy.

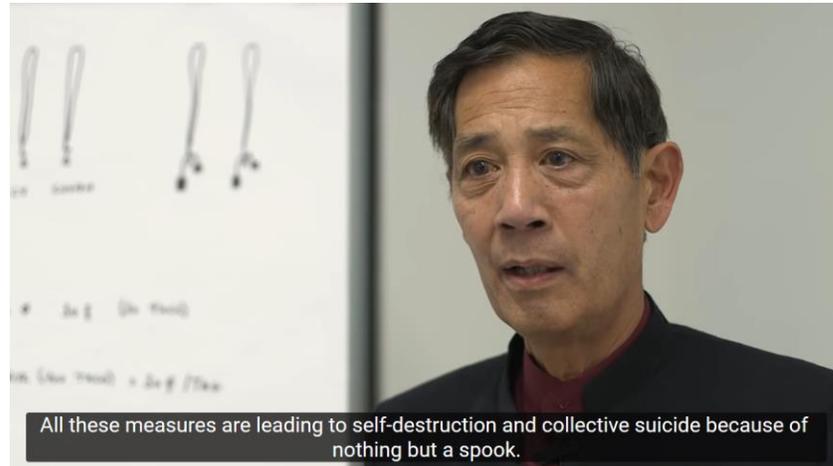


Figure 7. Bhakti calls the whole Corona pandemic hype a “spook.”

Bhakdi’s analysis via an interview (10-15)

Interviewer: Professor Dr Sucharit Bhakdi, you are infectious disease specialist. You are one of the most highly cited medical research scientists of Germany. Today, we will talk about the Corona Virus. This virus spreads fear over the whole world. Also in Germany, a state of emergency imposes extreme restrictions. What are Corona viruses?

Bhakdi: These viruses co-exist with humans and animals around the globe. The viruses are the cause of very common, minor diseases of the respiratory tract. Very often, infections remain subclinical without symptoms. Severe courses occur almost exclusively in elderly patients with other underlying illnesses, in particular of lung and heart. Now, however, a new member is on stage spreading fear around the world.

Why? The new COVID-19 originated in China and spread rapidly. It appeared to be accompanied by an unexpectedly high number of deaths. Alarming reports followed from Northern Italy that concurred with the Chinese experience. It must, however, be pointed out that the large majority of other outbreaks in other parts of the world appeared to display lower apparent mortality rates and such high numbers of 4, 5 or 6% were not reached.

For example in South Korea the apparent mortality rate was 1%. Why “APPARENT” mortality rate? When patients concurrently have other illnesses, an infectious agent must not be held solely responsible for a lethal outcome. This happens for COVID-19, but

such a conclusion is false and gives rise to the danger that other important factors are overlooked.

Different mortality rates may well be due to different local situations. For example, what does Northern Italy have in common with China? Answer: Horrific air pollution. The highest in the world. Northern Italy is the China of Europe. The lungs of inhabitants there have been chronically injured over decades and for this simple reason the situation may not be comparable to elsewhere.

What about Germany – the virus has also spread to us? Yes. It is spreading in Germany. One most important consequence being that we now have sufficient data to gauge the true danger of the virus in our country. Which is what the German experts and politicians have done. The highest alert level has been proclaimed and extreme preventive measures have been installed in the desperate attempt to retard spread of the virus.

Yes, and this is the incredible tragedy. Because all these adopted measures are actually senseless. Namely, the pressing questions are answered.

The first one: Does the virus generally cause more serious illness also in young people and kill patients who have no concurring illness? This would make them different from other everyday Corona viruses of the world. The answer is clearly: NO!

We have 10,000 infections reported (18 March 2020). 99.5% have no or only mild symptoms. Here, we already see that it is false and dangerous to talk about of 10,000 “patients”! They are not seriously ill. “Infection” is not identical with “disease.” Of 10,000

infected people only 50-60 were severely ill. And 30 died to the present day. In 30 days.

So we have an apparent mortality rate of one COVID-19 positive case per day. Up to now. The looming worst case scenario that must be prevented according to the authorities: Then we would have 1,000,000 cases and maybe 3,000 death in 100 days.

This would mean 30 deaths a day. The aim is to prevent this “worst case scenario.” All current emergency measures aim to slow down virus spread to save lives. Yes. But, we are looking already at the worst case scenario - with 30 deaths a day. 30 deaths a day may sound like very much. Keep in mind that every day, 2,200 over 65-year old depart from us, here in Germany. Keep in mind that many of these carry common Corona viruses. How many are not known, so let us just assume 1% (which is surely too low). This would translate to 22 a day. And these die every day.

The only difference is that we do not talk about “Corona-deaths.” Because we know that these viruses are normally not the major cause of death. So, what we are doing in the moment is to prevent that these 22 are replaced by 30 COVID-19 positive patients. This is what is happening.

We are afraid, that 1,000,000 infections with the new virus will lead to 30 deaths a day over the next 100 days. But we do not realize that 20 or 30 or 40 or 100 patients positive for normal Corona viruses are already dying every day. To avoid that COVID-19 enters the scene instead of the other Corona viruses, extreme measures are installed.

Interviewer: So, what do you think about all these measures?

Bhakdi: They are grotesque, absurd and very dangerous. Our elderly citizens have every right to make efforts not to belong to the 2,200 that daily embark on their last journey. Social contacts and social events, theatre and music, travel and holiday recreation, sports and hobbies, etc., etc. all help to prolong their stay on earth. The life expectancy of millions is being shortened. The horrifying impact on world economy threatens the existence of countless people.

The consequences on medical care are profound. Already, services to patients who are in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society.

I can only say: All these measures are leading to self-destruction and collective suicide because of nothing but a spook.

In a series of video-presentations Bhakdi elaborates on his viewpoints and bring further arguments (10-15).

John PA Ioannidis (16)

John PA Ioannidis is professor of medicine and professor of epidemiology and population health, as well as professor by courtesy of biomedical data science at Stanford University School of Medicine, professor by courtesy of statistics at Stanford University School of Humanities and Sciences, and co-director of the Meta-Research Innovation Center at Stanford (METRICS) at Stanford University (see Figure 8).

Born in New York City in 1965. He graduated in the top rank of his class at the University of Athens Medical School, then attended Harvard University for his medical residency in internal medicine. He did a fellowship at Tufts University for infectious disease. He was chairman at the Department of Hygiene and Epidemiology, University of Ioannina School of Medicine and adjunct professor at Tufts University School of Medicine. He has also been President of the Society for Research Synthesis Methodology, and is one of the most-cited medical researchers.

Since 2010 Ioannidis is a Professor of Medicine, Health Research, Policy and Biomedical Data Science, at Stanford University School of Medicine and a Professor of Statistics at Stanford University School of Humanities and Sciences. He is director of the Stanford Prevention Research Center, and co-director, along with Steven N. Goodman, of the Meta-Research Innovation Center at Stanford (METRICS). He is the editor-in-chief of the European Journal of Clinical Investigation. Ioannidis has received numerous awards and honorary titles and he is a member of the US National Academy of Medicine, of the European Academy of Sciences and Arts and an Einstein Fellow.

Ioannidis' videos and writings (17-20)

We quote (17) in extenso: “The current coronavirus disease, Covid-19, has been called a once-in-a-century pandemic. But it may also be a once-in-a-century evidence fiasco.

At a time when everyone needs better information, from disease modellers and governments to people quarantined or just social distancing, we lack reliable evidence on how many people have been infected with SARS-CoV-2 or who continue to become infected. Better information is needed to guide decisions and actions of monumental significance and to monitor their impact.

Draconian countermeasures have been adopted in many countries. If the pandemic dissipates — either on its own or because of these measures — short-term extreme social distancing and lockdowns may be bearable. How long, though, should measures like these be continued if the pandemic churns across the globe unabated? How can policymakers tell if they are doing more good than harm?

The data collected so far on how many people are infected and how the epidemic is evolving are utterly unreliable. Given the limited testing to date, some deaths and probably the vast majority of infections due to SARS-CoV-2 are being missed. We do not know if we are failing to capture infections by a factor of three or 300. Three months after the outbreak emerged, most countries, including the US lack the ability to test a large number of people and no countries have reliable data on the prevalence of the virus in a representative random sample of the general population.

This evidence fiasco creates tremendous uncertainty about the risk of dying from Covid-19. Reported case fatality rates, like the official 3.4% rate from the World Health Organization, cause horror — and are meaningless. Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future. Adding these extra sources of uncertainty, reasonable estimates for the case fatality ratio in the general US population vary from 0.05% to 1%.

That huge range markedly affects how severe the pandemic is and what should be done. A population-wide case fatality rate of 0.05% is lower than seasonal influenza. If that is the true rate, locking down the world with potentially tremendous social and financial

consequences may be totally irrational. It’s like an elephant being attacked by a house cat. Frustrated and trying to avoid the cat, the elephant accidentally jumps off a cliff and dies.

Could the Covid-19 case fatality rate be that low? No, some say, pointing to the high rate in elderly people. However, even some so-called mild or common-cold-type coronaviruses that have been known for decades can have case fatality rates as high as 8% when they infect elderly people in nursing homes. In fact, such “mild” coronaviruses infect tens of millions of people every year, and account for 3% to 11% of those hospitalized in the US with lower respiratory infections each winter.

These “mild” coronaviruses may be implicated in several thousands of deaths every year worldwide, though the vast majority of them are not documented with precise testing. Instead, they are lost as noise among 60 million deaths from various causes every year. Although successful surveillance systems have long existed for influenza, the disease is confirmed by a laboratory in a tiny minority of cases. In the US, for example, so far this season 1,073,976 specimens have been tested and 222,552 (20.7%) have tested positive for influenza. In the same period, the estimated number of influenza-like illnesses is between 36,000,000 and 51,000,000, with an estimated 22,000 to 55,000 flu deaths.

Note the uncertainty about influenza-like illness deaths: a 2.5-fold range, corresponding to tens of thousands of deaths. Every year, some of these deaths are due to influenza and some to other viruses, like common-cold coronaviruses.

In an autopsy series that tested for respiratory viruses in specimens from 57 elderly persons who died during the 2016 to 2017 influenza season, influenza viruses were detected in 18% of the specimens, while any kind of respiratory virus was found in 47%. In some people who die from viral respiratory pathogens, more than one virus is found upon autopsy and bacteria are often superimposed. A positive test for coronavirus does not mean necessarily that this virus is always primarily responsible for a patient’s demise.



Figure 8. Prof Ioannidis from Stanford University speaks on the uncertainty around corona and the situation in Italy (19).

What is science saying about Corona COVID-19?

Coronaviruses are enveloped, positive single-stranded large RNA viruses that infect humans, but also a wide range of animals (79,106). Coronaviruses were first described in 1966 by Tyrell and Bynoe, who cultivated the viruses from patients with common colds. Based on their morphology as spherical virions with a core shell and surface projections resembling a solar corona, they

were termed coronaviruses (Latin: corona = crown). The genome size varies between 26 kb and 32 kb. The major four structural genes encode the nucleocapsid protein (N), the spike protein (S), a small membrane protein (SM) and the membrane glycoprotein (M) with an additional membrane glycoprotein (HE) occurring in the HCoV-OC43 and HKU1 beta-coronaviruses. SARS-CoV-2 is 96% identical at the whole-genome level to a bat coronavirus.

We know from experience a lot about the danger and mortality of Corona virus, as it is one of the most common causes of the common cold. Very little is known on a scientific basis about the mortality of Corona virus, because no large-scale controlled studies have ever been made. A thorough review from 1974 by Monto (79) concludes that nobody ever died from a Corona virus infection. This is what every medical student in the world have learned until this day: The Corona virus is only dangerous for people with severely compromised immunity and a very poor health; and about 100 different, common viruses are dangerous for them.

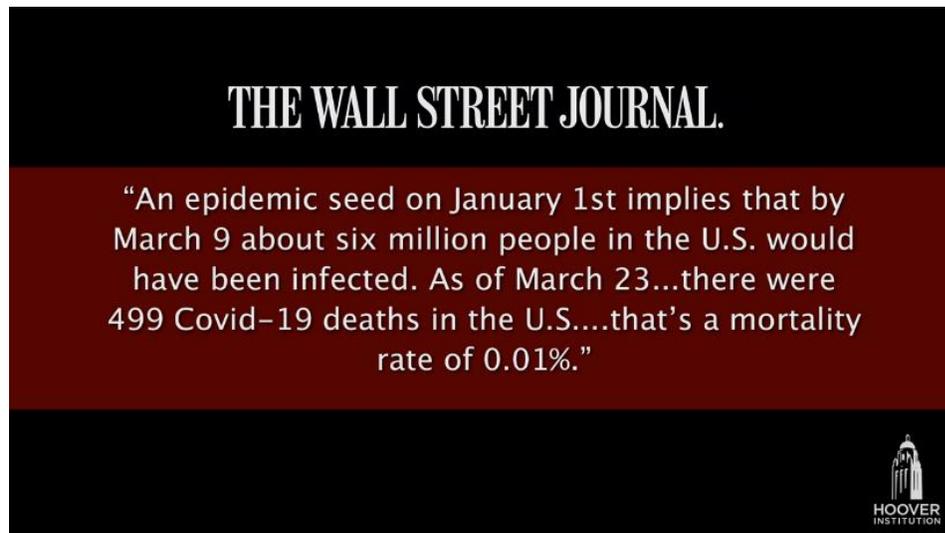


Figure 9. Slide from Professor of Medicine at Stanford University Jay Bhattacharya where he quotes his own article in the World Street Journal (22) presenting his conclusion that the Corona COVID-19 virus has a mortality rate of 0.01%.

Corona Whistle-Blowers



Figure 10. Professor of Medicine at Stanford University Jay Bhattacharya presents his conclusion that the Corona COVID-19 virus has a mortality rate of 0.01% (22).

A new study in the *Lancet* (80) concluded that Corona Covid-19 has a mortality of about 1%, but the study is model-based with a very low guess of the number of infected healthy people, and the number of dead patients are at the same time coming from the counting of already mortally ill patients, who also tested positive for Corona. So this study is suffering from exactly the same fundamental problems as Wodarg, Bhakdi and Ioannidis all are pointing out (1-22): it is based on statistics for the case mortality for Corona COVID-19 which is taken to be the mortality rate; how this article was published as a scientific study in the *Lancet* remains a deep mystery. When you look at the funding of this work, you see that WHO and Bill Gates Foundation are involved, raising the suspicion that this work is severely biased and not an objective scientific analysis of the Corona COVID-19 mortality. Unfortunately the publication of the study gives lay people reason to believe that Corona COVID-19 is dangerous, which add to the confusion.

New studies have showed us that at least 4 out of 5 Corona-infected people are asymptomatic (81), and that the asymptomatic carriers spread the Corona virus through micro-drops coming from normal breathing (82, 83).

Public debate

Wolfgang Wodarg's position has been debated in Germany, i.e., in *Der Spiegel* (84), but here WHO's position and advices has just been repeated uncritically, while the documentation for the danger of the COVID-19 virus Wodarg has called for has not been provided - because it does not exist. *Spiegel* brought, instead of a serious debate about the important medical matters, an attack on Wodarg's person; he was indirectly associated with both Nazism and Satanism. We find no documented history of Wodarg being a believer of neither Nazism or Satan; how such strange accusations could appear in *Der Spiegel* remains a mystery, and this shows how emotional the debate is.

After Wodarg's whistleblowing, other experts in Germany and elsewhere have said the same. It is unknown if this is related to Wodarg's public appearance and the debate it has created. In Denmark, the former director of the National Board of Health Else Smith said to the newspaper *Politiken*: "There was and is no real health - professional basis for shutting down the entire country" (85).

Dr Else Smith is one of the leading experts on infectious diseases in Denmark and has worked with infectious medicine since the 1980s, preventing the spread of infectious diseases and managing epidemics, including at the National Serum Institute, where she worked with the HIV/AIDS epidemic. In 2009, she was

in charge of managing the H1N1 Swine flu pandemic in Denmark. She is also an experienced leader in the health care sector with a good understanding of how things work. Smith stressed in Politiken March 15, 2020 that politics and not health-professional assessments closed Denmark down. In Politiken she explained it this way:

Every two or three years, Denmark experiences a seasonal flu in which up to 1,500 people die. We accept that without much fuss and shutdowns, but it is precisely the same groups of people who are now at risk of infection and serious illness and death - the elderly, the debilitated, the chronically ill. The actions we take now, we could take every two to three years, which might protect many of these 1,500 citizens. But we don't," says Else Smith.

For example, it is also voluntary if citizens of risk groups and health professionals can be vaccinated, she explains. After all, flu is just something you risk. Even though many weakened every year die.

The National Board of Health has estimated that between 1,680 and 5,600 will die within the next 2-3 months of COVID-19. Depending on the spread of infection and the ability of hospitals to handle the most critically ill.

Denmark shuts down in the biggest intervention ever in peacetime; people are fired, entire industries fear bankruptcy, the economy falters, so we come through a disease epidemic that at best kills as many particularly vulnerable citizens as it does with a generally more severe seasonal flu. At worst, three to four times as many.

That's why I call it political. So there are also one, two, three ministers for each press conference. If it is purely health-related, you can ask what are they doing there?" she says.

The spread of the infection is after the book...

The question is whether this violent intervention in our society that can destroy our economy helps. After all, it's a virus that needs to strike a balance with us humans, and will probably end up as a seasonal virus of which we already have so many others," says Else Smith.

One year earlier, after critique of the way things were in the health care sector, she was forced to leave her job as vice director of the large Hvidovre Hospital (86), proving her point at that time: If you speak your opinion against the authorities in Denmark, where we have a public health care system and where almost all doctors therefore are directly employed by the state, it has dire consequences.

This might be the reason for very few doctors engaging in the public debate in Denmark and other countries with nationalised health service. In spite of

often sharing the opinion privately, that the political handling of the Corona COVID-19 pandemic is irrational because we are dealing with a Corona virus, which after all we know, is the same as the common cold, and therefore less dangerous than influenza, they chose to remain silent publicly (44).

Questions raised by the analyses of Wodarg, Bhakdi and Ioannidis of the Corona COVID-19 pandemic

The questions come in four series; the first is about the danger of the novel Corona COVID-19; the second series is about the psychosomatic nature of COVID-19 given the special social and psychological circumstances; the third is about the political actions taken during the pandemic; and the fourth series is about the political and economic interests, that could influence the circumstances around the Corona pandemic.

It might also be important to stress that the word "pandemic" in itself is not saying anything about the danger of the disease, only about the area it spreads in, namely a whole country or in the case of the Corona virus, the whole world. "Pandemic" which has become a negatively charged word in the public space does therefore not mean something bad; the word is frequently used about the common cold. The questions are meant to raise debate and encourage further investigation and analysis; we are in many cases not able to give final answers to the many questions.

1. ***Could it be that the new Corona Virus COVID-19 is just another common cold and not dangerous at all?***
 - a. Is the Corona virus COVID-19 very dangerous, as the WHO says, or just another common cold, and not dangerous at all?
 - b. Is the Corona COVID-19 test valid – i.e. specific and precise? Has it been scientifically validated before use?
 - c. If the Corona COVID-19 statistics are made scientifically, and after the same formula, why are they so different from country to country? How are the new Corona statistics compared to the normal national

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- monitoring of flu and common colds? How are they compared to the normal mortality statistics, are more people dying now than usually?
- d. Can we trust the statistics on the Corona COVID-19 mortality? Who is counted as dead by Corona, and do we know the total number of infected people? Are we taking the *measured case fatality rate* to be the *Corona COVID-19 mortality rate*? If we do, why do we do so, when it is scientifically incorrect?
 - e. Do we stop thinking ourselves when we face the power of media and/or authorities? Or have we become weak, so we follow authority even when we know it is wrong?
 - f. If Corona COVID-19 is just the common cold, why are so few scientists and doctors saying this publicly?
 - g. Conclusion: Is the Corona COVID-19 infection more dangerous than a normal, harmless common cold?
 - 1.
2. ***Are we dealing with a brand new, unique and more dangerous Corona virus, or are the new clinical pictures we see everywhere a product of the rare and special circumstances where patients believe a common cold is a deadly new disease, and the whole society is panicking?***
 - a. Is there a simple psychosomatic explanation for the unusual clinical picture sometimes with massive neurological symptoms, we see in some patients with Corona COVID-19 infection?
 - 2.
 3. ***Could the actions taken to limit the spread of the infection in themselves be more harmful than the disease and even increase the Corona mortality?***
 - a. Is it possible to prevent the spread of Corona virus, and is it desirable?
 - b. Do we need Corona infections to stay resistant to Corona virus?
 - c. What happens if people who do not need it go to the hospital? What happens with the patients who are not accepted to hospitals
 1. because the beds are reserved for Corona patients?
- d. Is the media misleading us to believe that Corona is dangerous, thus creating strong fear in people of Corona COVID-19?
 - e. Are the political actions regarding the Corona COVID-19 pandemic taken on a scientific basis?
 - f. Could it be that the politicians enjoy their power too much, and like to play the role of the hero saving the voters, to an extent where the basic principles of freedom in our democracy are suspended?
 - g. If we harm the economy, how can we afford better health care?
 - h. How can we take care of the environment if we use all our resources to prevent that the very old and sick are dying?
 - i. Are the politicians making the wrong decisions when they are closing down our societies to prevent spread of the Corona COVID-19 infection?
 - 3.
4. ***Could it be that the Corona COVID-19 pandemic has been formed also by interests that potentially could benefit from the Corona COVID-19 virus being perceived as more harmful than it is?***
 - a. Who has interests in “hyping” the Corona COVID-19 pandemic, and making it more dangerous than it is?
 - b. The pharmaceutical industry obviously benefits from the panic over the COVID-19 pandemic. Could it be that the pharmaceutical companies have influenced how the mortality is measured and how the statistics are interpreted?
 - c. The World Health Organization (WHO) is guiding the world through the Corona COVID-19 pandemic but is WHO objective, neutral, and scientific, so we can trust the WHO’s guidance?
 - d. We saw a misguidance in 2009 with the Swine Flu scandal where hundred countries were tricked to buy useless and unnecessary vaccines against a very mild influenza. Could the Corona COVID-19 alarm be just another Swine flu scandal?

- e. The WHO has opened up to private companies for cooperation, and Linda and Bill Gates Foundation has invested billions of dollars in the WHO; can this affect how the WHO has been advising the world during the COVID-19 pandemic?
- f. Do we have a New World Order, where the private companies have become so powerful that they have taken the lead in the world, and by that in practice ended the sovereignty of the national states, and thus democracy, as we know it?

Let us now take a close look at the questions that follows from the Whistle-blowers analyses. Could it be that the new Corona Virus COVID-19 is just another common cold, and not dangerous at all?

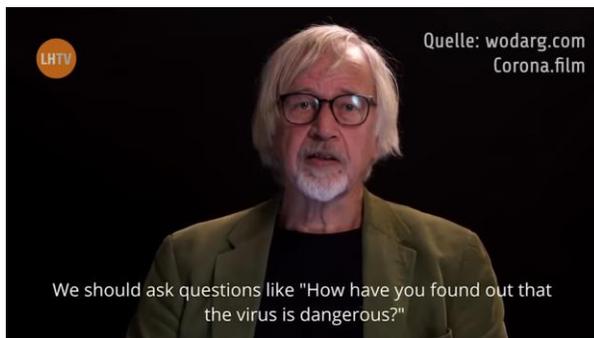


Figure 11. Wodarg asks the most fundamental question: How do we know that COVID-19 is dangerous? (8).

Is the Corona Virus COVID-19 very dangerous, as the WHO says, or just another common cold, and not dangerous at all? This is the most important question these days. We have looked into the background for the

questions asked by Dr Wolfgang Wodarg (8): “How have you found out that the virus is dangerous?” (Figure 11) and we find it to be a relevant and valid question, justified by existing knowledge and science.

Corona is not new

The first thing Dr Wolfgang Wodarg emphasizes is that Corona viruses have been with us forever – it is one of the most common class of viruses causing the common cold - and it has been mutating and causing epidemics and pandemics every single year since the beginning of times. For the last 100 million years or so we must have had such viruses, which is why our mammal immune system has evolved; today all mammals are therefore able to tackle viruses like Corona viruses.

The coevolution of virus and immunological defence of the vulnerable mammal lung tissue has made viruses harmless to us if we are normally healthy; therefore, a common cold today is most often subclinical, i.e., not even experienced by the infected host of the virus. Many people do not even experience one cold or flu a year, in spite of getting and fighting infections by about 100 different viruses yearly.

In his presentation Wodarg shows the statistics from measurements in Glasgow (United Kingdom) where researchers yearly monitors the forest of about 100 different viruses that continuously mutates and infects us again and again, mostly without giving clinical symptoms. In his diagram (see Figure 12) Corona viruses are marked with green; we see that a substantial part of the viruses that comes epidemically and pandemically every single year are Corona viruses.

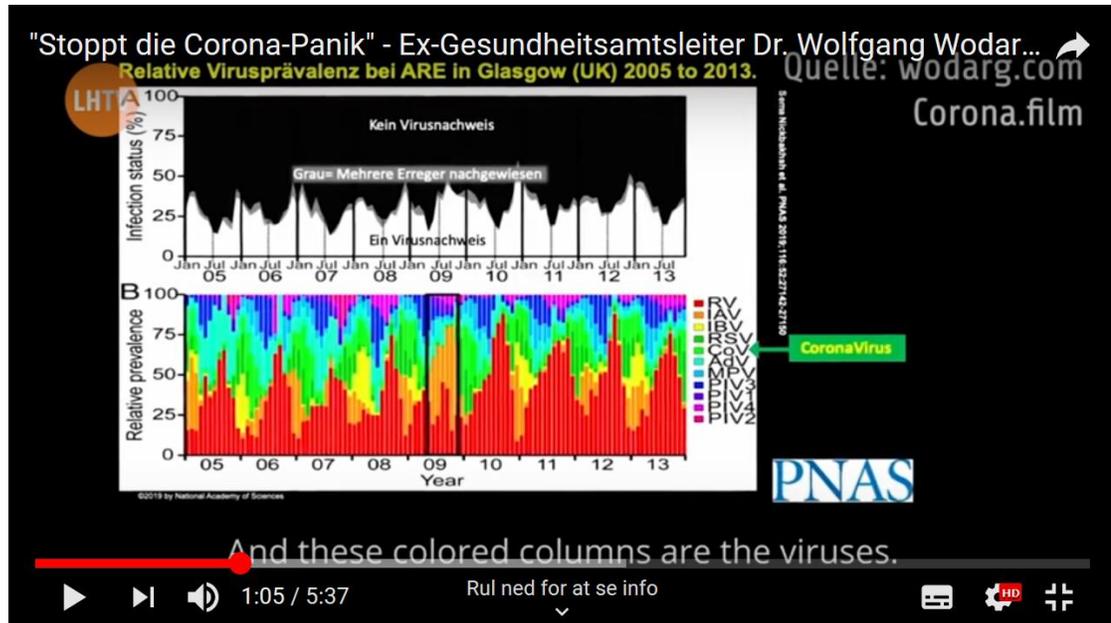


Figure 12. Every year we have a number of pandemics with Corona viruses (green); about 15% of all common colds are caused by Corona viruses (from Wodarg's presentation) (1).

Wodarg also points out that what we look at in the Covid-19 pandemic is a new way of measuring and following of the virus using a new kind of Corona test; we still also have all the normal indicators for colds and flues, including very reliable mortality statistics for the population.

While the statistics of the case mortality shows many people dying with Corona COVID-19 it is remarkable that the classical indicators DO NOT show any abnormal situation at all. Of course, you should look at these well-known indicators, which have been used for a long time, to estimate the true situation, because you here have the history, so you are able to tell what is actually happening. If you use a new and untested method, you do not know what is normal, so you are not able to interpret what you see, and this can easily lead to misinterpretation, overestimation of the danger, and unjustified panic. Also, the case mortality is not the Corona mortality, but only the mortality amongst the tested people who were already sick; and the count of people who died WITH Corona virus in their body is not the count of the people who died BY Corona virus infection, which is known from experience with Corona virus infection – the common cold - to be extremely rare. You simply do not die from a cold.

So when Dr Wolfgang Wodarg asks. "How have you find out that the Corona virus is dangerous?" This is a very good question. Because it should not be dangerous, after all we know about it, and after all we know about the pandemic.

Classical reviews on Corona virus also tell us that there never has been a single death from Corona virus (79), this is how harmless the common cold is normally considered to be. It must take some quite massive arguments to prove that there now exist a very harmful version of the Corona virus (87).

Of course, we need statistics on the mortality to prove it. However, the statistics we get these days are not designed to answer this question, according to Wodarg, Bhakdi and Ioannidis.

Is the Corona COVID-19 test valid – i.e., specific and precise? Has it been scientifically validated before use?

What is new, according to Wodarg, is our ability to test for the Corona COVID-19 virus, thus making something that never has caught our attention before visible. The new Corona virus test has not been scientifically validated, and according to Wodarg there are big problems with the Corona test; many tested patients come out false-positive (they do not have it,

but the test says they have), or false-negative (they have it but the test says they do not).

Up to 50% of everybody tested comes out as a false positive, says Wodarg. If this is true it means, that if you test the normal population, half would test positive even without having Corona COVID-19. This might be the reason for the WHO advice of only testing the very ill population. Furthermore, 15-50% of the tested people come out as false negative, depending of the test chosen (88). As the new Corona tests in use have not been scientifically validated, there are no good numbers for the errors of the tests yet (8).

It is likely that most of the Corona tests on the market react if you at some point had an infection with any of the Corona-virus in the sub-class of virus tested for. This means that the tests does not even test for the COVID-19 specifically; even with a positive test you could have one of the many other Corona viruses.

An educational case is the Cruise ship Diamond Princess, where 3,711 passengers were quarantined (mean age about 55 years) (18-21, 89). Between February 13-20, 2020, a total of 2,571 of those on board were tested, of which 460 were tested positive for coronavirus, but as many as 320 had no symptoms at all when the test was conducted. Ten of the passengers died. This happened in a closed environment where isolation of the sick passengers was impossible, because the staff visited everybody in their rooms and thus functioned as healthy virus-spreaders; at the same time a lot of tested infected, but false negative, people continued to spread the infection. In this situation it is not possible that only 460 became infected; most likely everybody on board got active Corona virus into their lungs from breathing small particles with Corona from the many healthy, but infected people. Everybody lived closely together and was breathing the same air for many weeks.

What we see here is, that the un-specific immune system (the line of immune cells like macrophages and Kupfer cells that does not need a molecular cue for acting) takes care of the micro-infection in most people (81,82), so they do not become ill at all. These people had a Corona infection, but they did not have any symptoms, and they will not test positive on any known test, as they did not use antibodies, but cells to fight the disease. But they will most likely still acquire reinforced immunity to the Corona virus, as the information about the new virus is taken into the

immune system for immunological learning, because the unspecific immune cells are presenting it for the immune system (90-93).

It is therefore very likely that the test has an additional error of 80% false negative, and that the true mortality for Corona COVID in the elderly population on Diamond Princess was $10/3711 = 0.27\%$, which is a much less than we see in a normal influenza.

If the Corona COVID-19 statistics are made scientifically, and after the same formula, why are they so different from country to country? Why are the new statistics on the Corona mortality so different from the normal national statistics monitoring of flues and colds? How are they compared to the normal mortality statistics - are more people dying now than usually?

In Italy, the statistics says that 7% of the Corona COVID-19 infected dies; in Germany, the statistics says that it is 0.3% of the infected that dies (26). Even the lowest number from Germany on 0.3% is many times the normal mortality for the common cold. So according to these statistics, we are haunted by the new Corona virus.

Here comes the next problem as Wodarg, Bhakdi, and Ioannidis all point out: If we only test the very sick and dying, and count every dead person with corona in his or her body as dead BY Corona COVID-19 virus and not WITH Corona virus, we artificially create a statistics that document the virus to be very dangerous and deadly. This is obviously what is happening all over the world, and this has been criticized by a series of leading researchers (20-22), also our three whistle blowers (1-19).

That these national statistics are very unreliable is easy to see from the differences in mortality in Italy and Germany – 7% of the Corona COVID-19 infected die in Italy, but only 0.3% of the infected dies in Germany. Of course, the same virus cannot be 20 times more dangerous in Italy than in Germany. Something is wrong here.

For about 10,000 people infected with Corona virus 100 experience a bad common cold, 10 go to the doctor or hospital with severe symptoms of infection. Of these 10, one dies. That is the normal statistic for the common cold. We do not have these numbers for COVID-19, but we have to assume that it is the case

for this virus also, as this is the case for almost all Corona viruses. The people who cannot survive a common cold, or a flu which is much worse, are the very old, sick and therefore very weak people. Even in Italy the average age for the dead patients tested positive for Corona was 81 years old (8,19).

Wodarg has compared the new WHO-guided COVID-19 statistics with the normal statistics for flu and common colds and found that the latter is showing a completely normal picture, while the WHO-guided statistics shows alarming figures (26). It is remarkable that nobody uses the classical measures, in a time, where we are desperate for good and reliable statistics. We also have the normal death statistics and Wodarg has also here shown that the number of dead people are normal, not alarming in any way (2-8). Again, why is this important information not shared in the media, and used by the politicians in their decision-making - but only the alarming numbers from the WHO-guided, misinforming statistics. We refer to Wodarg's homepage (2) and to the videos of Bhakdi (10-15), and Ioannidis (18-20) for further documentation.

Can we trust the statistics on the Corona COVID-19 mortality? Who is counted as dead by Corona, and do we know the total number of infected people? Are we taking the measured case fatality rate to be the Corona COVID-19 mortality rate? If we do, why do we do so, when it is scientifically incorrect?

Professor Ioannidis from Stanford is one of the leading critiques of the way the statistic is made; according to him it is of vital importance to discriminate between patients dying WITH Corona virus, and patients dying BY Corona virus. As Corona virus is everywhere and in almost everybody, most people dies with Corona virus; but as Corona virus is known to be harmless, nobody really dies BY Corona virus.

If you test all dying or dead people, most deaths are not even closely related to a viral infection i.e. Corona infection. In Denmark three deaths were counted as "Corona deaths" in the national statistics, but on scrutiny only one death had any relation to Corona at all (94). At the same time, we do not know the dark numbers, which might be very high, as Corona virus spreads very quickly in a population (83). The dark number is likely to be 10-100 times bigger than the number that comes from the sick and tested patients.

So to come from the official death numbers to relevant numbers for calculating mortality it is very likely that we must divide the number of deaths with 10. At the same time, and we must multiply the numbers of infected by a factor 10-100, to find the real number for the Corona COVID-19 mortality, as only the very sick are tested.

This gives an error of a factor 100 or more in the statistics the public is presented for every day in the media. Instead of a Corona mortality of 1% as the US government says, or 3.4% as the WHO says, the real mortality rate is probably 0.01% (1-22). The Corona COVID-19 virus is thus just another harmless virus out of about different 100 viruses that attack us in pandemics every single year.

Most of the countries follow the WHO's instructions for dealing with the Corona situation (95-97). The strategy where only the very sick are tested and all dead with corona infection are counted as "dead by Corona." Now we start to understand why we are getting these horrible statistics from almost all countries. When the mortality numbers are brought to the media without any critique, as the naked truth, people become terribly misinformed; and it is only natural that they get very scared. It seems to be a fatal error to publish these misleading statistics (1-12), and it creates the panic we see (see Figure 13) (98).

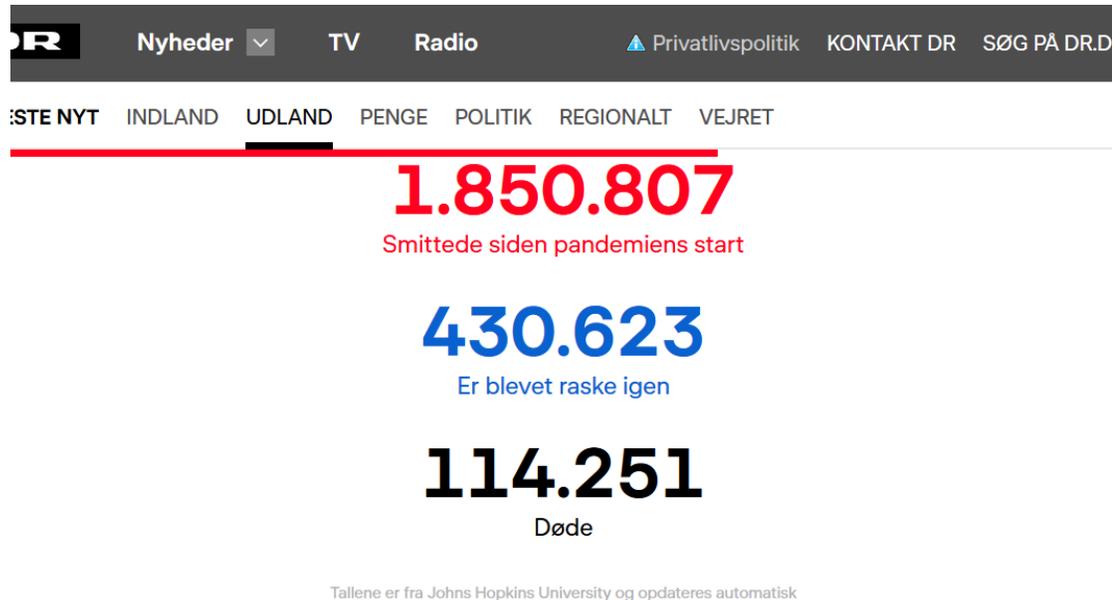


Figure 13. From the official webpage of the national Danish television (DR) April 15 2020. Obviously 6.17% of the COVID-19 infected are already dead and only 23% has recovered (13 April 2020). In truth, the number of people who has been infected in the world today is more likely several billions, and the number of patients dying BY Corona COVID-19, and not WITH Corona, is insignificantly small. Instead of bringing objective information, DR is misinforming the nation, creating panic overall. We see the media behaving this uncritical, irresponsible and senseless way in all European countries (98).

Do we stop thinking ourselves when we face the power of media and/or authorities? Or have we become weak, so we follow authority even when we know it is wrong?

The same desperate message is coming from everywhere – all media, every politician, every doctor, every single authority, even recently from the Danish Queen (99) blaming young people that they still meet and party, instead of sitting home alone.

Hippocrates said: “If you are not your own doctor you are a fool” (100). Because of our modern culture where we relay strongly on experts and outer authorities like doctors and little on ourselves, we have become easy victims of misinformation.

We also in Europe live in social democracies with a high degree of support and care for the individual citizens, and out of this comes naturally a strong faith in our politicians. We transfer much of the trust we have to our parents as small children to our politicians when we grow up. The media is often also seen as bringing the truth; both the reported data, which is often incorrect, and the conclusions, which often misfit the data, are taken to be true. The massive misinformation about the Corona COVID-19 coming

from all the major media every single day, and at the same time from the politicians and national authorities, like the health system employees, the Police, and even the shop owners, creates a strong and reinforced belief that the Corona pandemic is mortally dangerous.

You can say that we are raised to trust, not to be critical. When we finally need to be critical, as in the case of COVID-19, we just follow and suspend our own rational judgment. Therefore, what is just a common cold, becomes the worst pandemic the world has ever seen. Remember that in 1920 with the Spanish Flu, 1% died. When WHO says that the mortality of Corona COVID-19 is 3.4% (24), this is the worst pandemic the world has ever seen. How can we collectively just believe in such a thing?

We accept to close our societies down and give up on all civil rights. In most countries, there is almost no resistance to this madness, which comes with an enormous bill to us all, as pointed out by our three Whistle-Blowers (1-22). We have collectively become either pretty naïve so we have given up on knowing things and follow authorities blindly, or we have become so weak, that we follow outer authority in spite of knowing in ourselves what is right and rational. It is interesting that we blame people who blindly or out of

fear follows outer authority when we are thinking of war-crimes, gang-crimes etc. Should we then not be eager to remove such weakness which is the root of these horrible things from our own culture?

If Corona COVID-19 is just the common cold, why are so few scientists and doctors saying this publicly?

The truth is that anybody with a scientific training knows that the statistics of mortality are made wrongly if you base it on case mortality; everybody trained in health sciences knows also that the Corona viruses are amongst the most common viruses giving us the common cold and that they are harmless. Nevertheless, few people with this background dare to speak openly about it; there is a strong resistance to speak against the public opinion, created by the scandal hungry media and the sadly misinformed politicians in cooperation.

Nevertheless, some people have the guts. March 15, 2020, as mentioned above, the former director of the Danish National Board of Health Else Smith said publicly, that “There was and is no real health - professional basis for shutting down the entire country” (85). March 29 2019 she had to leave her job as hospital director for one of the biggest hospitals in the Copenhagen area (86) after criticizing the system. This shows the problem of free speech in Denmark, believed by many to be a well-functioning democracy. There is obviously no free speech for people employed in the public health care system during a pandemic; on the contrary, there is massive fear amongst the doctors – not for the Corona viruses - but for losing your job or other dire consequences if you speak your heart about what you know.

In Denmark Vibeke Manniche, MD, PhD has made a homepage under the headline “Hurrah – no signs of any dangerous Corona epidemic” (87), where she is questioning the statistics of the Corona COVID-19 mortality. She has suffered public humiliation for this in the national Danish TV (DR), because of a small calculation error she has made, while nobody has acknowledged her brave contribution to the truth about Corona COVID-19 (101). Manniche reports (100) that many doctors write to her privately, that they believe that what is happening during the Corona pandemic is wrong. Hospital doctors complain that all the normal functions of the hospitals have been suspended, and all

the beds are reserved for the Corona patients expected to come – except nobody is coming. The hospitals are empty, all functions have stopped; while the acute patients are suffering, maybe even dying, in their own homes.

Is the Corona COVID-19 infection more dangerous than a normal, harmless common cold?

In conclusion, the Corona COVID-19 virus is most likely less dangerous than a common influenza; Wodarg, Bhakdi and Ioannidis point at a mortality rate of 0.01% estimated from the data they have (1-22). We have no scientific reason to believe that Corona COVID-19 is dangerous at all; it is just the common cold made into a scary monster. All scientific knowledge seems to support the Whistle-Blowers common conclusion.

While Wodarg, Bhakdi and Ioannidis seem to be right, more and more experts line up with them, like Professor of Medicine at Stanford University Jay Bhattacharya who has engaged in the battle to make the world understand the simple, but fatal error that comes from *taking the measured case fatality rate to be identical with the corona mortality rate* (20-22) (Figure 9, 10). All these experts seem to agree that Corona COVID-19 is not dangerous; it is simply not a virus you can die from, if you are not very old and very sick or for other reasons having a severely compromised immunological function already.

If we look at the mortality rate around 0.01% this is 340 times less than WHO's estimate of 3.4% (24), and 100 times less than the 1% estimate of Anthony Fauci, the director of the US National Institute of Allergy and Infectious Diseases since 1984 (102).

A error of a factor 100 – two orders of magnitude - or even more is such a big error that it makes all the difference between a harmless common cold and a new fatal mutation that has come to wipe mankind off the planet. All our global troubles coming from the Corona COVID-19 pandemic, where more than three billion people have been quarantined or harmed in other ways, seem to come from the fact that neither politicians nor journalists have been able to understand this simple thing.

Are we dealing with a brand new, unique and more dangerous Corona COVID-19 virus?

We have created a world where many people in health matters are relying solely on medical experts, not on their own common sense and intuition; in this situation where the world is melting down in irrational fear of the global COVID-19 pandemic; we see the sad consequence of this development.

Could it be that all the trouble we these days face all over the world, with hundreds of thousands of people panicking and seeking doctors and hospital for their Corona infection, is actually caused by the conviction that they have a mortal viral infection? Can fear make you sick? Can social isolation weaken your immune system?

COVID-19 looks clinically like a brand new disease, a kind of virus we never have had before, attacking both body and brain at the same time. A general pattern in the new COVID-19 disease is according to these clinicians that the patients can feel very bad indeed; in some cases, COVID-19 may present as malaise, disorientation, or exhaustion (73, 74). They are also often difficult to get out of the ventilator. At the same time, the younger COVID-19 patients are known for using texts from the ventilators, something that the really sick patients never do. This brings us to our next question:

Is there a simple psychosomatic explanation for the unusual clinical picture sometimes with massive neurological symptoms, we see in some patients with Corona COVID-19 infection?

Imagine that you have a common cold, and that you know it is just a cold. What do you do? You stay home from work, seek a bed and find yourself a nice cup of chamomile tea and maybe a good book. Your family will look after you, and you will be quite happy for a break in your busy life, to heal and get back to full health. Sometimes there is a cough, a running nose, fever etc., which are annoying symptoms, but you have this coming every year, more or less, so you know the routine, and it is has never been a problem.

Now, imagine that you have the common cold, but *believe* that it is a new mutated, extremely dangerous virus with a mortality of 3.4%; and also imagine that you already from the media know all the bad symptoms of this new disease. Would you panic? Would you let your family take care of you? Would you seek a

doctor? Would you be most happy to go to a hospital? Would you even experience all the symptoms you know this disease gives?

Of course, our perception of a disease - our experience of having a disease - is largely a product of what we know about the disease - of our *consciousness*. If we believe that it is a very dangerous new disease we have attracted, we behave very differently, and we experience the infection very differently. The common belief that COVID-19 is very dangerous makes people panic and seek medical attention. If the doctors also believe the new Corona virus is dangerous, they do a lot of testing, and isolate the patients, just to further increase the panic.

Everybody living in a city is every single day during the Corona COVID-19 pandemic massively hit by the (mis-)information that we face a life-threatening new virus; hundreds of times every day you are reminded of it. As we are psychophysical beings, there is a well-known psychosomatic component in all diseases. Can it enhance your symptoms and maybe even be dangerous to believe, that you have a deadly viral infection, while you only have the common cold? Yes it can (103-106).

Social isolation combined with fear of death is not healthy; we are socio-psycho-biological beings and therefore we have strong psychosomatic reactions. It must be expected, that there is a substantial contingency to the effect of the disease from the negative beliefs everybody shares about the COVID-19 virus. Psychosomatics could easily explain the damage we see, when the medical clinics and the hospitals are overflowed with sick patients. The instructions to the country's doctors that all COVID-19 patients should be carefully examined and treated thoroughly naturally also contributes to this. Psychosomatics could also explain the stronger symptoms we sometimes see in Corona COVID-19 than in the common cold: Many clinicians report that COVID-19 looks like a new disease. Anybody who has studied the emerging science of psychoneuroimmunology/psychoneuroimmunology (107-112) will know that an innocent infection can manifest as a serious disease, if it is enhanced by strong fears and other negative emotions and beliefs.

In infection biology there are two known ways the psychosomatic impact can manifest; one way is that the experienced symptoms are enhanced (you could call it

hysterical amplification); another way which might lead to increased mortality is that the immunological resistances is actually reduced, so an infection makes much more damage to the body. The weakening of the immune system has been found to correlate with stress (113).

Going to a hospital with a mortal disease can be compared to “detention in jail or other institution” and is given 63 point out of 100 possible on the Holmes-Rahe Life Stress Inventory (114). The impact is comparable to “divorce” (74 points), and “marital separation from mate” (65 points), and major personal injury or illness (53 points). Acute hospitalisation for a patient, who believes COVID-19 is a mortal disease, is thus one of the most stressful events in life. In the inventory, you add your stressors to get your total stress-number. If you do that a Corona hospitalization with isolation from family and friends, this can add up to over 150. In the system, you then have 50% of risk for a major health breakdown with this level of stress (114).

The case of Prime Minister Boris Johnson of Great Britain is such a case where a common cold becomes a hospitalization (115). Johnson is send to the hospital by his own doctor, at a time where he is badly needed, and the hospital is taking him to the intensive care unit, because he is the prime minister, and because he feels bad. Here he gets oxygen. The news goes all around the world, that a healthy Boris Johnson got Corona, which sends him into intensive care. What actually happened? Nobody, especially not his own doctor, wanted to take responsibility, so Johnson was hospitalized - totally without reason. It was not an emergency hospitalization, but Johnson's doctor who thought it was best that he was admitted to take more tests. At the hospital you will be treated, especially if you feel bad. How could you not feel bad, if you are going to hospital with a viral infection, which you believe has a mortality of several percent?

The nocebo effect – the harmful effects of negative belief – is as well-known as the placebo effect in medicine. If you take an inert pill, but believe that it is a harmful drug, you will suffer the adverse effects you believe the drug has. Eight out of twenty had this reaction, and one out of twenty had it to such an extent that the patient in the experiment had to stop taking the chalk pill he was offered (116). Some people are more susceptible for self-suggestion, and they react more to

nocebo. One out of 100 will have an extreme reaction. One out of 1,000 or 10,000 might even die. Do not underestimate nocebo, say the researchers working with it.

If you believe that you have a deadly virus, you will naturally panic and pay extreme attention to the symptoms, which enhance them maybe 2, 10 or 100 times, dependent on your personal tendency. Moreover, strong fear and strong symptoms of disease will force you to seek a doctor, and when the doctor is also scared believing in the mortality statistics, your fear is again boosted and the symptoms worsen; then you go to hospital. In the hospital you are treated as a person with a mortal infection and people are isolating you and looking after you dressed in space suits, scaring you even more, enhancing your symptoms even more, and by all that fear weakening you even more, so you in the end you might really die of what is truly a totally harmless virus. It is a kind of Voodoo. It really is. And yes, Voodoo also works, according to science (67).

The whole, modern area of psycho-immunology confirms the rationale behind psychosomatic medicine. It is well-known that fear, difficult emotions, and negative beliefs weakens our immune system and deteriorate our health (103-115), and the harmful effect of a negative psyche is much stronger that most people expect.

So yes, with the Corona COVID-19 panic, Corona has become a new disease with a new clinical picture, colored strongly with neurological elements like confusion, fear and panic, disorientation, exhaustion and all kind of emotional reactions. It is still just the normal common cold, and virologically it is not more dangerous that normally; but a strong fear of death, the conviction that the end is near because you have attracted the most deadly virus ever seen in your country, provoked by social isolation, massive misinformation, and mass hysteria has turned it into a completely new experience. And knowing psycho-immunology, you might even be really sick from the Corona infection now. That is the biggest irony of it all.

Could the actions taken to limit the spread of the infection in themselves be more harmful than the disease and even increase the Corona mortality?

Extreme precautions like quarantines and lockdowns, the closure of airports and national borders, abandoning of work places, bans of public meetings, combined with strict emergency rules, precautions regarding the spread of infection, disinfection in shops and streets, etc. have severely compromised the quality of life of three billion people around the world.

Let's again consult Bhakdi's alarming (10-15):

They [the measures taken] are grotesque, absurd and very dangerous. Our elderly citizens have every right to make efforts not to belong to the 2,200 that daily embark on their last journey. Social contacts and social events, theatre and music, travel and holiday recreation, sports and hobbies, etc., etc. all help to prolong their stay on earth. The life expectancy of millions is being shortened. The horrifying impact on world economy threatens the existence of countless people. The consequences on medical care are profound. Already, services to patients who are in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society.

The actions and precautions taken worldwide these days have an impact on almost all parts of our society. Social interactions have been limited. In countries like Denmark public meetings in groups of more than 10 people have been forbidden; even the Danish Queen has asked people to stay at home (99). In many countries like the Czech Republic it is forbidden to leave your home without a good reason, and without a facemask. Similar emergency rules have only been seen in times of war.

The impact on the world's political systems, the global economy, the world's health, and the global environment is difficult to estimate, but experts from Financial Times and similar media believe it is enormous and devastating (118,119). Let us have a look at the political actions and their consequences to find out if such political actions are justified, and what harm they might cause, justified or not.

Is it possible to prevent the spread of Corona virus and is it desirable?

A major reason for closing down countries, for closing borders and lockdowns, has been to avoid the impact of the COVID-19 virus by stopping the spread of the virus. More recently, in the realization of this being impossible, the intention has been to spread the mortal

impact of the virus over time ("flatten the curve"), so the health systems at least could deal with the hundreds of thousands of dying people, the mortal Corona is predicted to cause. The whole political scenario builds on trust in the WHO's prediction of 3.4% mortality for the Corona COVID-19.

But can you prevent Corona virus to spread? Clearly, you cannot. The small particles of 1 μm or less that come from normal breathing (82,120) can infect you, so the safety distance is not the 1 or 2 meters, which go for infections carried by big droplets of 10-100 μm , but rather 10-100 meters. You cannot keep such distance in a city. Many people are wearing facemasks, but the question is if so small particles can be caught by a normal medical facemask; or if you need a military gasmask for that?

We have not been able to find scientific studies that prove that facemasks work on Corona virus spread. It is known from the 2002 and 2003 pandemics that health professionals who used the best medical masks on the market to protect themselves from SARS, got infected anyway (121), presumably because the masks cannot remove the infections micro-particles from the air. It does not help that it in practice is impossible to fit a facemask perfectly to the face; some percent of the air always go unfiltered into your lungs. You need a tight rubber fitting to avoid infection with Corona, like the ones used in military gasmasks.

If you look at the pores of the paper or fabric of a facemask, these are always much bigger (the best papers can filter down to 1-2 μm) than the very small micro-particles they are supposed to filter (0.01-4 μm particles coming from the opening and closing of the lung's alveoli) (120). A facemask filters well for bigger particles (98% of particles are removed for the air that goes through the mask), but only a few percent of the smaller particles are removed when particle size start to match the pore size of the paper or fabric.

Many countries have now laws that make it obligatory to wear facemasks outdoors; this effort seems judged on the data above to be without much effect. By far most of the people infecting us are healthy, infected people, who have no symptoms at all (79) - people who do not even notice that they are sick. This also means that the advice "Stay home if you are sick so you don't infect others" has little meaning. Based on these data we find it unlikely that it is possible to prevent a Corona virus from infecting every

single person that lives in a city, where the Corona virus is flourishing.

There are about 100 known viruses that perform this pattern of infection and disease. To try to insulate us from getting them is simply impossible. Our immune system handle them well if we are normal and healthy persons, also if we are small children or old people; we even need these small and safe infections constantly to keep our immune system in good shape, as we will see below. Luckily, Corona is not, at least according to our Whistle-blowers, dangerous at all, so there is no reason to try to prevent anybody in getting the infection.

Do we need Corona infections to stay resistant to Corona virus?

It is believed amongst scientists in immunology, that we need regular infections with corona viruses to maintain your Corona-immunity, so infections stay subclinical (90-93). Becoming infected with Corona viruses is therefore healthy for us and not bad at all. It does not matter if you are one year old or 80 years old, you still need the infections to stay immune.

If you have serious diseases, like terminal cancer or acute coronary stenosis, a cold or a flu might be the cause that sends you to the other side. But then again, maybe this is for the best, because this is how Nature works (122). Known as “the father of modern medicine,” Sir William Osler (1849-1919) appreciated the death caused by pneumonia and described it as “the old man's best friend” as death often occurs quickly and painlessly (123). Many old people wish to go, because their life has turned into suffering. Living does not make much sense anymore. The quality of life has gone low. In this case, it might be wise not to go against Nature.

What happens if people who do not need it go to the hospital? What happens to the patients who are not accepted to hospitals, because the beds are reserved for Corona patients?

The answer to the first question is a well-known. It is very dangerous to go to a hospital. The hospital infection you can get is often an infection with resistant

bacteria, which is hard to treat, and the drugs you are likely to get have side effects, which can be serious; they can even increase mortality. 10-15% of all hospitalized people are getting an infection in the hospital, and the bacteria in hospitals are often resistant to antibiotics (124). Especially in Italy, Spain and the other countries where there have been big problems with the Corona COVID-19 virus, the hospital infections are frequent and often multi-resistant and therefore very dangerous (1-22). The treatment is broad-working antibiotics, which are known to be much more toxic than simple penicillin.

It is also very stressful to go to a hospital, and stress is known to weaken your immune system, making the infection you have more serious, see the discussion above. Fear is also not good for your health. So yes, it is very likely that massive hospitalization of the population with COVID-19 is increasing both morbidity and mortality. Everybody familiar with Ivan Illich's book “Medical nemesis” will smile when they read this. Because this is exactly Illich's point (77).

Is the media misleading us to believe that Corona is dangerous, thus creating strong fear in people of Corona COVID-19?

The media love scandals and sensations, and they have had a feast with the Corona COVID-19 pandemic. Instead of being cool and critical they have competed to bring the most bloody and terrible stories; they have not hesitate to communicate politicians warnings to the population about the mortal COVID-19 with 3.4% mortality rate, and have infused fear in their populations to such an extent that people with a common cold now want to see a doctor, and even want go to a hospital to feel safe.

Social phobia has exploded, and psychosomatic symptoms blossom. If you count the hours in the news and informative TV-programs on National TV in the European countries, you will find that few subject ever got so much – always negative - attention as the COVID-19 pandemic. Especially noteworthy is the media's agreement to deliver personal attacks on people like Wolfgang Wodarg who publicly have disagreed with the politicians and the WHO. Many people report censorship - it has been impossible to get through to the media with remarks that talked about

being sensible, cool, and conservative. What happened to objectivity? What happened to independent thought and analysis?

Are the political actions regarding Corona taken on a scientific basis?

Wodarg, Bhakdi and Ioannidis are all very clear in their position here, and they share their viewpoint with many other researchers like Professor of Medicine at Stanford University Jay Bhattacharya: What is happening is irrational, it is political, it is definitely not based on science, as there is no reliable data to guide us. Actions not based on reason or common sense are irrational, and as such most likely harmful. When it comes to the question: “Is Corona COVID-19 dangerous?” there is no objective and scientific data to help us answer this question, as discussed above.

Now you could argue, that in that case it is better to be safe than sorry. But you can say that about all the 100 viruses that hits us all the time. You can say that about all new mutations of viruses.

There is a simple principle that rules both in science and in philosophy, Occam's razor (23): Suppose there are two explanations for an occurrence. In this case, the one that requires the smallest number of assumptions is usually correct. Another way of saying it is that the more assumptions you have to make, the more unlikely an explanation. In the case of the Corona danger, using Occam's razor means that you need a good reason to believe that the new Corona COVID-19 is not just another common cold. If there is no such a reason, it is just the common cold.

Could it be that the politicians enjoy their power too much, and like to play the role of the hero saving the voters, to an extent where the basic principles of freedom in our democracy are suspended?

There is no doubt that many politicians enjoy their appearance in the media and especially the opportunity to appear as strong players saving the population from mortal danger. The politicians often have limited knowledge of science and biology, and therefore they are dependent on information they are getting from authorities in the field.

Forcing millions of people to stay at home under pain of punishment is the road to Big Brother dominion. It's no accident that power-hungry Eurocrats were quick to follow the example set by China. And who drives panic more than the transnational World Health Organisation. If the H stood for Hysteria the shoe would fit equally well (119).

The WHO is often seen as the highest authority in health matters, in spite of the well-known fact that the WHO earlier has been unreliable, i.e. during the Swine Flu pandemic in 2009, and frequently has been criticized for corruption (27-70). Still, there is a feeling amongst politicians that if you refer to the WHO, nobody can really criticize you for it; you did what you should and could. If you rely on the WHO and believe in the dramatic statistics the WHO provides, showing a mortality rate of 3.4% for Corona COVID-19, then you better hurry to protect your nation!

The economy of our country, or the convenience and happiness of our people, cannot be more important than our people's lives. Everyone can understand that. So there they go, all the politicians act, and they also affirm each other in the position that these dramatic actions are the right thing to do. They even criticize countries like Sweden, which for a long time were not panicking and still keeps its borders open.

Can democracy survive massive abuse and political miss-guidance?

If it is true what Wodarg Bhakdi and Ioannidis say, that the politicians are making the failure of our life-time (17), will the truth, when it is finally realized by the people, weaken our trust in politicians to such a degree, that our democratic systems are falling apart (125-127)?

Can democracy survive dictatorial behavior of governments that are not based in reason? Isn't there a fundamental conflict between democracy and top-ruling the way we see it these days all over the world, including in almost all European Countries? Isn't it too tempting for dictatorial tendencies in our politicians to use the argument of “public health” to control and regulate everybody's behavior?

We are trying to prolong very old and very sick people's life a bit by preventing infections and making sure that there is space so they can be treated in a

hospital - that is really what the whole thing is about now. Even if you believe that the Corona virus is dangerous for the elderly and the weak, is this worth losing our democracy for? Is it not too big prize to pay for the loss of personal freedom, the right to go to work and sustain our family, make meetings, and other democratic rights (125-127)?

Do we do serious harm to the economy?

Nearly three billion people around the globe under COVID-19 lockdowns as of March 26, 2020 (128). Analysts in Financial Times and similar places have warned against the severe negative impact of the political interventions following the Corona COVID-19 panic as the world's stock markets have reacted with a 20-25% drop (see Figure 14) (118).

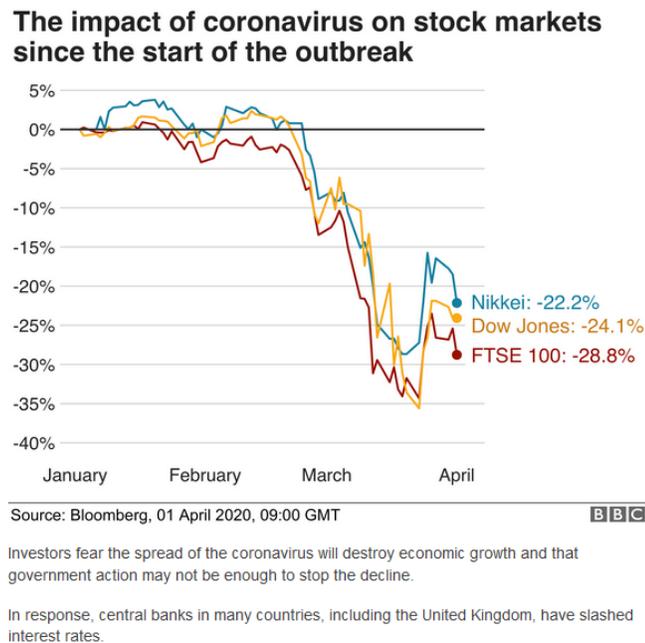


Figure 14. The international stock markets have reacted strongly to the COVID-19 pandemic (118).

The drastic measures used to prevent the WHO-predicted disaster of un-supported mass-death have called for massive critique by economists:

“Policy makers and advisors have taken leave of their senses by forgetting that two elements make up the equation to understand the full impact of COVID-19. One element is the impact of the virus, the other, infinitely bigger, is the impact of the economic meltdown.” (119)

If we need resources to take care of people, is it then wise to destroy the whole economy? If the Corona whistle-blowers are correct, all this is sadly unsubstantiated. The politicians of the world are committing the mistake of their lifetime. The blind – WHO – is leading the blind – our politicians.

How can we take care of the environment if we use all our resources to prevent that the very old and sick are dying?

During the last decades, we have seen a growing awareness of our fragile planet's need for care and support. Much attention has been given questions of sustainability, global warming etc. How can we take care of the global environment if we are investing this extreme amount of economic and social resources in protecting the oldest and weakest of our population?

It is also well-known that the chemical industries, amongst which the pharmaceutical industry is far the most powerful, are amongst the industries putting the biggest load on the environment (129). The willingness to put all our societies' resources into pharmaceutical

medicine, as we see these days on a global level, are therefore a highly un-sustainable and regretful development.

Protecting the oldest and already mortally ill people from dying is the essence of what we are talking about in the Corona COVID-19 pandemic, as it is well-known that only this fraction of the population are troubled by Corona viruses. Again keep in mind that even in Italy, the most troubled by Corona COVID-19 of all nations, the average age of the dead with corona is still 81 years.

The willingness to sacrifice even the quality of life of people, personal freedom and democratic rights, just to prolong the life of the very sick, very old people a tiny bit, and the unwillingness to sacrifice even very little to save the planet's eco-system from future destruction and melt-down, is worth a deep thought. Why is the death of old, sick people a big problem to all politicians in the world, while the destruction of the whole humankind in a near future is not?

Our willingness to act with full throttle on a common cold, and our unwillingness to act on the obvious global climate- and nature problems are incomprehensible disproportional. Are the politicians making the wrong decisions when they are closing down our societies to prevent spread of the Corona COVID-19 infection?

In conclusion, what we face here is a global disaster, purely made by politicians, as pointed out by Wodarg, Bhakdi and Ioannidis. Based on no objective data, but mere rumours provided by the WHO, our politicians are sacrificing our whole culture, our democratic freedom, our economy, and thereby our ability to do something serious about the real problems of the world we collectively are facing.

Could it be that the Corona COVID-19 pandemic has been formed also by interests that potentially could benefit from the Corona COVID-19 virus being perceived as more harmful than it is?

This brings us to the final questions of why the Corona panic is happening. Facing a crisis on this global level naturally comes with many influential players and interests. Decisions these days do not only have local impact on single countries or communities, but can potentially impact a huge part of the world's

population. Who are the players, global and local, that potentially could benefit from such a global crisis? Who has interests in "hyping" the Corona COVID-19 pandemic, and making it more dangerous than it is? This seems to be the most important question of all the questions, next to the question about the danger of COVID-19.

It is not an easy question to answer. The more you think about it, the harder it becomes. If you brainstorm, a number of people and organizations, states and companies, national and international, have interests. The simple answer, that the biggest interest lies with the most influential player in the Corona crisis, namely the WHO, is not necessarily true. Many interests may be bigger and more influential than the WHOs.

Governments and politicians could seek power; pharmaceutical industry and single players like Bill Gates could play a crucial role. Even common people who would like to help, who would like to decide, lead and command, or who would like to escape reality and disappear into their own world, might find the pandemic a fine opportunity to realize their hidden dreams of a better live, by making a career out of the global tragedy.

It is still a good question, if the Whistle-Blowers are right, and COVID-19 actually is not more harmful than any other common cold, why would the WHO treat it like a dangerous pandemic with a mortal new virus? Could it be that the WHO has been misled by scientists who want to be important and get their research funded, as Wodarg supposes (8)? Or does the problem go deeper, so the WHO has its own interests in declaring such a disaster, as a privately funded organization with well-known strong bonds to the pharmaceutical industry that produces vaccines, tests, and medicine? Or is it true, what the most radical critiques have said for years: That the WHO is really run by the pharmaceutical companies, so the WHO functions like a giant marketing platform for the pharmaceutical industry?

The media also carries a big responsibility. In the competition for attention, scandals, catastrophes and emergencies are always welcome. Almost all big media have been playing along, creating a massive fear in the world's population. Small insignificant stories like a morgue in the Italian mountains running out of space, as it presumably does every other year due to the well-known under-capacity of the Italian public

systems, has been the final proof for the world that we are facing a disaster worse than a nuclear war. The problem is that people through such small stories they can relate to are buying into the illusion that Corona COVID-19 is dangerous.

The most overlooked of all these factors seems to be *people's psychological needs* as mentioned above. About half the population suffers to some degrees from irrational fears and neurotic anxiety (130,131). Our societies have never been safer for people; water has never been cleaner, food never better. Housing is great; work is safe, leisure activities plenty. So the fear and anxiety people feel are missing a reason. The “dangerous” Corona virus is giving people a reason to be as scared as they psychologically and existentially are.

Another psychological need is the need to help others and be of value. So many people have been helpful during the Corona pandemic; employees has taking care of the spacing between customers in lines in the shops, everybody has been responsible and avoided to infect each other by the use of hand-disinfections and facemasks etc. People have even been sewing facemasks to each other, when they were sold out in shops. In so many other ways, people have been considerate and helpful to each other, i.e., by not visiting the weak, sick, and elderly people. You can talk about the helper-egos of half the population being polished, and boosted by the Corona hype. Even people with a psychological need of being angry, has found something to be justified angry about. People with neurotic tendencies to isolate themselves, to be sad, to be disappointed, have found a good reason for doing so.

So the Corona pandemic has worldwide supported the egos of people and on an experiential level helped them out of difficult emotional and psychological problems. Of course, the lock-down has also caused problems; countless families have been broken, and countless wife's and children battered; countless people have killed each other and even more have committed suicide, because of for example bankruptcies. Countless people have lost their jobs or at least a part of their income.

If you look at it with the understanding that Corona COVID-19 is just another common cold, you see the power of the social theatre, and understand the joy so many people feel by participating in it. Many people

have built a completely new ego around the Corona pandemic. These people are the people that get angry if you tell them the wonderful news: that Corona COVID-19 is really harmless and just another common cold, and that our bodies have no problem at all handling it – unless we are 81 years old, and already dying from some serious disease.

Big Pharma

The pharmaceutical industry obviously benefit from the panic over the COVID-19 pandemic. Could it be that the pharmaceutical companies have influenced how the mortality is measured and how the statistics are interpreted? Could commercial interests from the pharmaceutical companies producing vaccines to the world influence the way the World Health Organization (WHO) operates, and the information, advises, and guidance the WHO gives to the world? Yes, it is possible, and it could explain how this whole Corona alarm and panic started.

The Cochrane movement, where thousands of doctors and researchers began to make new statistics of the good and bad effects of drugs, came from the understanding that interests make medical statistics unreliable (132-137). The stronger the interest, the less you can trust the data.

If there is money involved, you need to be especially skeptical. A medical statistic made by a provider or manufacturer of a drug or a vaccine is normally flawed and manipulated to such an extent that you cannot believe in the statistics (132-137). To answer this question about how big the influence of the pharma industry might be we need a deep exploration of the WHO, its peoples, the communication between internal organizations in the WHO, and with the industry and people related to the pharmaceutical industry. We need total transparency and full access to all communication in and with the WHO. The lack of openness has earlier made it difficult to investigate the WHO's processes (27-70).

The World Health Organization

The World Health Organization (WHO) is guiding the world through the Corona COVID-19 pandemic, but is

WHO objective, neutral, and scientific, so we can trust the WHO's guidance? How come WHO is declaring a world catastrophe without having meaningful data to base such a declaration on? WHO is truly running with a rumor. It is just a make-up. It is pure abuse of authority.

We saw during the Swine flu pandemic in 2009 a very close bond between the WHO and the pharmaceutical companies; especially the companies producing vaccines (27-70). With such a bond, we need to be very careful when we need to interpret the information given to us by the WHO. We need to be skeptical and reluctant to follow the instructions for making the national statistics, i.e. regarding the danger and mortality of the Corona virus COVID-19. To judge the trustworthiness of the WHO we need to look carefully into WHO's earlier actions, especially in year 2009 during the Swine flu pandemic, and the changes in the WHO that has happened since then.

In 2010 a number of representatives from governments all over the world as well as a number of international organizations i.e. the Council of Europe agreed that WHO had caused an international panic and disaster by declaring the mildest flu ever, the A/H1N1 "Swine flu" influenza, to be a pandemic threatening mankind. The Council of Europe pointed in a dire report to the problem of WHO going private as the true cause of all the trouble (28, 68). During 2010 the situation continued to develop and turned into a medical scandal of unknown proportions (27-70). Ineffective and dangerous medicines worth billions of dollars were sent for destruction. Close and secret links between the WHO and the pharmaceutical industry producing the vaccines was exposed. The Danish newspaper "Information" found that five researchers involving in advising WHO during the scandal had been paid around seven million EURO from the vaccine industry (27-70).

Unfortunately, it seems that the world's governments have forgotten what happened in 2009; there is little skepticism and often the results from the national statistics are presented as truth, both by the politicians and by the big media, who are loyal to the country, when intelligent criticism had been on its place. Why is WHO recommending the world to document the impact of Corona this way? Does the WHO want the Corona infection to look more

dangerous and deadly than it is? The question is, could WHO have such an interest?

Again, knowing the close bond between the pharmaceutical industry and the WHO, it is easy to guess what is happening: A big scare of the world, to motivate every country in the world to buy the pharmaceutical industries vaccines. So no, the WHO is not objective; its relations to the pharmaceutical industry and its sponsors has most likely biased it. We need a thorough investigation into this question to know what is happening.

We saw a misguidance in 2009 with the Swine flu scandal where many countries were tricked to buy useless and unnecessary vaccines against a very mild influenza. Could the Corona COVID-19 alarm be just another Swine flu scandal? Many countries like Norway bought two portions per citizen. Nevertheless, these vaccines were never used and the government was fast to forget its mistake. For political reasons the WHO was not held responsible at that time. In addition, billions of dollars floated to the pharmaceutical industry.

Investigations in the years after 2009 into what then became known as the biggest WHO-scandal ever showed that the pharmaceutical industry was deeply involved in the WHO, and in so many ways had influenced WHO's behavior (27-70). Wodarg said then: "The WHO's "false pandemic" flu campaign is one of the greatest medicine scandals of the century," and "The definition of an alarming pandemic must not be under the influence of drug-sellers" (37).

If you see what WHO suggest, as in the communique from April 13th, 2020, it seems obvious that the agenda is to sell vaccines against the common cold: "Our global connectedness means the risk of re-introduction and resurgence of COVID-19 will continue," WHO Director-General Tedros Adhanom Ghebreyesus told a virtual briefing from Geneva, stressing that "ultimately, the development and delivery of a safe and effective vaccine will be needed to fully interrupt transmission" (138). From all we know this is unnecessary, meaningless and, as all chemical medicine, also vaccines, have side-effects, also harmful.

What we face today might be exactly the same as we saw in 2009, just on a much larger scale, and much better planned. Again, the matter calls for thorough investigation.

The WHO has opened up to private companies for cooperation, and Linda and Bill Gates Foundation has invested billions of dollars in the WHO; can this affect how the WHO has been advising the world during the COVID-19 pandemic? Bill Gates says in a recent TV-interview (75) that he has invested billions of dollars in the vaccine industry and we know that he has also donated a billion dollars to the WHO.

The question this raises is if Bill Gates in seeing the WHO as a marketing platform for his vaccines. It might also be the other way round; that people use the fact that Gates' main area of expertise is computers and not biology to trick him with stories about "the dangerous virus" to invest his money in their industries. We know little about the lobbyism of these companies towards the WHO, but it is well-known that the pharmaceutical industry has thousands of lobbyists, of which many focused on governments and super-national health organizations like the WHO.

Is Bill Gates guilty of manipulating the WHO into creating a panic that will sell his vaccines? Or is Bill Gates just naive, and in good faith and will to help, exploited by the pharmaceutical industry? Do we see common interest between Gates and the industry, both perusing a big plan for honor and wealth? We all know the old saying that "The road to hell is paved with good intentions."

In accordance with this, the COVID-19 pandemic is followed by fundraising from the WHO, here from the WHO-calendar: "13 March 2020 COVID-19 Solidarity Response Fund launched to receive donations from private individuals, corporations and institutions" (139). As mentioned above, it might also be that the WHO is acting in its own interest of fundraising.

A New World Order?

Do we have a New World Order, where the private companies have become so powerful that they have taken the lead in the world, and by that in practice ended the sovereignty of the national states, and thus democracy, as we know it? If Wodarg, Bhakdi and Ioannidis are right and the whole Corona COVID-19 is a "hype," planted in the international society through the WHO by people and organizations with interests.

A natural suspicion given the Swine flu scandal is that it is the enormously large and powerful pharmaceutical companies, together with other global players, that is taking control over the world and its nations (27-70). With companies growing still bigger and being multinational, there comes a point where the power tips from being in the hand of national politician to being in the hand of the leaders of the world's big companies. If Wodarg, Bhakdi, and Ioannidis are right, we could have this new world order here, today and this is extremely problematic.

A central critique raised by amongst others the Danish professor and former director of the Nordic Cochrane Institute Peter Gøtzsche (which he created before he was fired because he opened his mouth) is that the pharmaceutical industry takes care of its own economic interest in unethical ways, manipulating research data, and often disregarding people's needs, and good business customs, as well as national and international laws (134-136).

Can we stop this development into a New World Order where money, and not people, rules?

Can we avoid the world becoming one unit to such an extent, that it can be controlled and taken over by single organizations and companies or industrial complexes (like the medico-industrial complex where all doctors and all the big pharmaceutical companies are lining up together, driven by the unfathomable incomes from the complex)? Can we stop the development towards a politically and economically amalgamated world, under the command of the big companies, which seems to be where the world is going? Many questions and few answers.

Discussion

It is time to examine what we know for sure, and also to thoroughly examine the sources from where we know it. In our culture, we share a lot of information that takes the form of *beliefs* (82). We think science is true, but the basis for science is also beliefs. Even the basis for mathematics is beliefs, called axioms. They are sometimes useful, but they are never absolutely true. We cannot substitute our common sense, our sense of rationality and truth, our cool minds and direct seeing of the world, with scientific book knowledge. Much less can we do so, if the people writing the books

and articles we read are paid to do what they do, say what they say, and think what they think. Beliefs are what our common reality is based on, our society and our culture, but beliefs are not true, they are still just beliefs.

Something that is obvious for anybody who spent some time in medical research is that anywhere there is big economic interests, there is manipulation, distortion of information, and erroneous interpretations; because it is simply too tempting for us human beings to go for the money instead of the truth. Very few companies run the world today and they become more powerful every day (141-143). One of the biggest and wealthiest industries today is the much criticized pharmaceutical industry (27-70, 132-137, 143).

We learned sadly that the pharmaceutical industry has taken control over the World Health Organization (WHO) during the 2009 Swine flu pandemic (27-70.). Wodarg said then: "The WHO's "false pandemic" flu campaign is one of the greatest medicine scandals of the century." He spoke his heart courageously. The commercial interest in vaccines are so strong, and the bonds between this pharmaceutical industry and the WHO so strong, that you cannot any longer trust the information that comes from the WHO regarding pandemics. Unfortunately WHO has been able to controls both the way national statistics on Corona mortality are made, and the way they are interpreted, which have led to massive misinformation about the Corona COVID-19 mortality. The WHO has said it is 3.4% of the infected that dies by Corona; the truth according to Wodarg, Bhakdi, and Ioannidis is that it is 0.01% of the infected people that dies, and these people are in average over 80 years old, and has at least one severe disease already, often two or three.

But the fake news that the Corona COVID-19 has a mortality rate of 3.4% has been spread by authorities to almost every single human being on planet Earth. The false statistics gives the impression that we are facing a fatal, new virus, a type of virus we need to fear, which easily could be the end of our culture. But, on the other hand our three Whistle-blowers Wodarg, Bhakdi and Ioannidis tells us, that there is simply no data to back such a statement up (1-22). There is no scientific reason at all to believe in that mortality rate. The statistics are made in such a way that the Corona virus looks dangerous; it is manipulation. And we are

falling for it, because we are naïve, uncritical and scared. We really should stop following the WHO's advices blindly, in the understanding that they are not objective, which now even President Trump has realized.

The infection with Corona virus is the same as the common cold; Corona virus have mutated every single year and created epidemics for maybe a million years, without ever threatening our life or existence. The COVID-19 is not different. But of course the clinical picture of a Corona infection is brand new, because for the first time in history people *believe* that a common cold can kill you. They seek doctors and hospitals, find themselves surrounded by catastrophe procedures and medics and paramedics in space suits; they are isolated from their family and friends; they are treated as if they had a diseases worse than Ebola. Of course, they feel bad. Therefore, they get treatments, like oxygen, tranquillizers, sleeping pills etc. They also often get hospital infections, as anybody else going to a hospital, and then they often get side effects from the strong drugs they take. Again, people believe that what they feel comes from the deadly infection they have attracted.

Of course, the clinical picture of the common cold is different under such circumstances! We are psychophysical beings and we have strong psychosomatic reactions to fear and negative beliefs, as science has clearly showed us the last four decades.

Are people dying? Yes of course; weak and old people, who are very sick already, might die a few weeks earlier if they get the Corona virus, than if they did not catch the common cold. That is the danger we are talking about here. That is what we are putting the world on the other end to avoid. Mass hysteria, mass psychosis, mass psychogenic illness, call it what you like, but this is what we are dealing with here.

The question that comes to mind in this situation is: How could the world go so mad? How can so many people suddenly believe in such a lie, in such a construction that is obviously serving the interests of pharmaceutical industry? Is it because it is at the same time serving the interest of the researches and their organization that needs funding, of the politicians in their need for power, and the media in their need for good stories? Maybe even the people of the Earth need some novelty, some change, some variation in a life

that has been too boring, too eventless, and too predictable?

In addition, how could the most important question of our time, namely the question of global sustainability, suddenly be forgotten from one day to the other, just because a common cold is spreading, as it have done every year for millennia? We need to understand that our modern culture has become a collective dream; the content of this dream is provided by authorities, who speak to us through the media. In a way, we are collectively repeating our childhood, where we allowed our parent so tell us the truth about the world, and create our idea of reality. We never woke up, we never grew up, and we never found our independent eyes on the world.

In our hunger for comfort and a pain free, easy living, we have completely forgotten our inner compass of wisdom; we have lost our common sense, our feeling of what is true and what is not. The Corona COVID-19 story has taught us, that we affirm each other in our collective beliefs, and when we collectively act on these believes, they become even more solid. When our authorities make everybody act on these beliefs, they become established as *the highest truth*. History repeats itself. Wodarg tells us: The Emperor is naked! You and the whole world have been fooled. And you have been easy pray for the illusion somebody has wanted to create, to milk you and your country, exactly like the dumb emperor in Hans Christian Andersen's (1805-1885) famous story (140):

So off went the Emperor in procession under his splendid canopy. Everyone in the streets and the windows said, "Oh, how fine are the Emperor's new clothes! Don't they fit him to perfection? And see his long train!" Nobody would confess that he couldn't see anything, for that would prove him either unfit for his position, or a fool. No costume the Emperor had worn before was ever such a complete success.

But he hasn't got anything on," a little child said.

Did you ever hear such innocent prattle?" said its father. And one person whispered to another what the child had said, "He hasn't anything on. A child says he hasn't anything on."

"But he hasn't got anything on!" the whole town cried out at last.

The Emperor shivered, for he suspected they were right. But he thought, "This procession has got to go on." So he walked more proudly than ever, as his noblemen held high the train that wasn't there at all."

Information is always impure when there is interest. The stronger the interest, the bigger the impurity. Explore this old truth for yourself. Do not let the pharmaceutical industry, the WHO, and the politicians create a new world order together, based alone on your fear.

We just broke free of 1,000 years of slavery from the church and the feudal kings. Humankind stands today on the edge of a wonderful new time with democracy and spiritual freedom. Let us not again fall into slavery of ignorance and outer authority. The bill for the illusion we now share collectively is already immense; and if we do not break the spell, we will all be paying for the new world order for a long time to come.

Conclusion

"Forcing millions of people to stay at home under pain of punishment is the road to Big Brother dominion. It's no accident that power-hungry Eurocrats were quick to follow the example set by China. And who drives panic more than the transnational World Health Organisation. If the H stood for Hysteria the shoe would fit equally well." Apfel 2020 (119).

An important player in the COVID-19 pandemic is Bill Gates, who in a TED talk in 2015 (76) said: "When we were kids, the disaster we worried about most was a nuclear war. That's why we had a barrel down in our basement, filled with cans of food and water. When the nuclear attack came, we were supposed to go downstairs, hunker down, and eat out of that barrel. Today the greatest risk of global catastrophe doesn't look like this" (see Figure 15). "Instead, it looks like this something else" (as shown in Figure 16). "If anything kills over 10 million people in the next few decades, it is most likely to be a highly infectious virus rather than a war. Not missiles, but microbes". Bill Gates has since invested billions of dollars in the vaccine industry, and at the same time supported the WHO with similar amounts (75).

Søren Ventegodt and Joav Merrick



Figure 15. According to Bill Gates, this is no longer a serious threat to mankind: The Nuclear war.



Figure 16. Instead, we must fear the Corona and the flu viruses... They are much more dangerous. However, this is not what scientists on the matter believe.

We are during the Corona COVID-19 (SARS-CoV-2) pandemic facing a global disaster, that seemingly is caused by new deadly virus the whole world is trying to cope with after warning from the World Health Organization about a mortality of 3.4%. Three leading experts in infectious diseases, Wodarg, Bhakdi and Ioannidis are holding the position that we are misinterpreting the statistics and what we are facing is a misinformation campaign, not a dangerous new virus (1-22).

We have found the Whistle-Blowers statements to be true: The WHO is counting the death-by-Corona numbers wrongly using the *Corona case fatality rate* as the same as the *Corona mortality rate*; the WHO is counting “patients dead WITH Corona” for “patients dead BY Corona”, and it is ignoring large dark numbers of COVID-19 infected people.

Furthermore, the WHO is ignoring all we already know about Corona viruses, and all the well-established traditional statistics on colds and flues, we have access to as well. The WHO is also ignoring the well-established and reliable statistics on mortality in the population, we also have access to, thus creating an image of a mortal pandemic, there according to science does not exist at all. *In short, the WHO is running with, or fabricating a rumor, a belief with no scientific basis.*

Unfortunately the politicians of the world has reacted to the WHO campaign as if it was true, creating massive fear in the population, that now has come to believe that we are facing a deathly new viral infection. Massive fear boosts the symptoms of Corona COVID-19 patients strongly in susceptible, suggestible individual, which happens for well-known psychosomatic reasons: If you believe you have a mortal infection, and everybody, including your own doctor and the hospital affirms you in this belief, it is only natural that you feel bad. If you feel bad at the hospital, you will get treated. Hospitalization, ventilators, and drugs give hospital infections, side effects, and increase mortality. In this way, the world has affirmed itself in the illusion of a mortal pandemic, which simply does not exist to begin with. The patients infected with Corona virus, who believe in the grim WHO mortality statistic, and therefore are convinced that they suffer from a mortal disease, present a clinical picture, not of a common cold, but of a new, much more serious disease.

If we take into account what we know scientifically about psychosomatics, there is little doubt that this new symptomatology is created by the panic of the society hitting the vulnerable patients hard; and not by the novel Corona COVID-19 (SARS-CoV-2) virus.

As there is no dangerous virus in the COVID-19 pandemic, we can all just go back to our normal way of living. The worldwide Corona mass-hysteria must end now. There is no reason to keep distance from anybody because of COVID-19 - it is not dangerous even for very old people, if they do not have a serious disease threatening their life already. There is no reason to avoid being infected. There is no way you can avoid getting the infection if you live in a city, but most likely you will not even notice it, as 99% or so of infections are subclinical. There is no reason for closed borders, and lock-downs, closed restaurants, workplaces, schools, etc. Getting the COVID-19 infection will strengthen your immune system, so you also will be immune to the next common cold you attract. Every healthy carrier spreads the harmless COVID-19 virus to countless other people through very small droplets (4-0.01m) we exhale. There is no reason for the use of facemasks, as a facemask cannot filter these small droplets. There is no way we can avoid getting the infection if we live in a city. There is therefore no reason for hygienic and antiseptic procedures to try to avoid COVID-19. There is no need for drugs or vaccines against COVID-19; a vaccine has adverse effects and a general, global vaccination program for the harmless COVID-19, which WHO has suggested, will not benefit but only harm countless people. The politicians and the media responsible for the unfortunate situation of the world must do their best to undo the damage they have caused, by uncritically believing in the World Health Organization (WHO) and following its advices. Common, immediate and strong efforts on a global scale must focus on avoiding lasting harm on the wellbeing of the people, the economy, and the culture of human relations.

Recommendations

The World Health Organizations (WHO) has more than a decade ago opened up for private funding and sponsorships, which has made the cooperation between

private companies and the WHO much closer. Unfortunately this has given us a WHO controlled by the wealthy and powerful players around WHO, as we have seen many examples of. One important example is the Swine flu scandal in 2009, another the fact that WHO during the last decade systematically has followed the industrial data for the drugs and vaccines in its recommendations, instead of independent studies of higher quality; now we see, at least according to our three Whistle-Blowers, another example of massive and systematic misinformation of the world on the Corona COVID-19 mortality rate, followed by recommendations of global vaccination for a totally harmless common cold.

We have seen a WHO that did not regret, or apologize, its actions after the corruption was documented in 2009 in the biggest scandal in WHO's history; neither saw we any change in WHO's behaviour or the way WHO was organized or structures as a consequence of the scandal. Most sadly, there has been little change in the level of secrecy WHO operates in, which makes it very difficult for the public, the media, and the member states to control WHO for corruption and other unethical and inappropriate behaviour, and most importantly, lack of scientific quality and scientific basis of actions and recommendations.

In the recommendation of pharmaceutical drugs, a scientific basis is especially important, as the patients will get the wrong pills; we have seen the WHO continue to recommend the use of many classes of drugs, which many Cochrane reviews have shown have no significant effect, but very significant and harmful side effect (137). Likewise, WHO's recommendation of Chloroquine and other drugs to treat and prevent Corona COVID-19 is meaningless and dangerous, and without scientific foundation (2). According to Wodarg, the WHO's recommendation of the use of Chloroquine is likely to be followed in Africa, where it will cause massive harm to the population (2).

It seems to be a fact that the mortality rate of Corona virus COVID-19 (SARS-CoV-2) is not 3.4% as WHO has continued to say through the whole pandemic, but 0.01%, or a factor 340 less than the WHO says.

It is time to hold the WHO responsible for the global crisis its misinformation of the member states and the public has caused. There can be no doubt that

WHO has out-played its role as a wise, global guide in health matters. President Trump has already seen the light and cancelled United States participation of the WHO budget.

We strongly recommend the member states to immediately close the World Health Organization (WHO), and make national advising boards in medicine with people well trained in scientific methodology, and strictly without any links to the pharmaceutical industry, and without any history of links to the pharmaceutical industry. When international efforts are needed in health areas, we recommend that ad-hoc committees are made with the leading scientists in the different fields; these committees should only exist until a problem is solved, and the issue for a committee should be narrow and well-defined. All communication should be public, and the economy of the project should be run by professionals with no interest in the matter at all, and with no connection to players with interest. Only in this way we can make sure that science and not money and politics rules.

It is important to stress that the role of the pharmaceutical companies in the Corona COVID-19 global crisis at this point is unknown. We recommend a thorough investigation into the WHO to see if we again have become victims to fraud and corruption by the pharmaceutical industry.

We furthermore suggest funding of psychosomatic and psycho-immunological research, as a better understanding of the connection between mind and body in infectious diseases would have made it easier to understand the nature of the global crisis at an earlier point in the Corona COVID-19 pandemic.

COVID-19 mortality rate based on data from the Nordic Countries per March 15th, 2020

The infection caused by the new Corona virus SARS-CoV-2 is the same as the common cold, and the mortality of COVID-19 is 0.01-0.03%, which is now known from Denmark, Sweden and Norway, where national statistics are reliable.

On March the 15th, 2020, we had enough data from Denmark, Norway and Sweden to make a significant and valid analysis of the mortality of the

Corona Whistle-Blowers

COVID-19, and we found the following for the Nordic Countries (see Table 1). There are 3,154 people who were tested and found positive for Corona; most of these people had severe symptoms and went therefore to a doctor or a hospital. From this we can estimate the real number of infected to 9,000-30,000. The official number of dead from the Corona virus in the three Nordic countries are nine, giving us a mortality of 0.03-0.01%. The average age of the dead was 82 years. We are facing the pattern of a common cold, and most common colds are actually corona viruses, so this fits.

But then there is the counting. We know from Denmark that out of the three dead, only one actually

died where the corona virus could have been a co-factor; the other two died from unrelated courses (2). We suspect that they were included in the counting for political reasons. The same is most likely the case in Norway and Sweden, but we are unable to get the information about the dead people there. From what we do know, we suggest that the mortality is actually only 0.01-0.03%. We are thus talking about an infection that in the worst case course harm similar to a mild common cold. The calculations based on the given data gives us a final figure for COVID-19 mortality of 0.02-0.07%.

Table 1. The mortality of COVID-19 is 0.02-0.07% based on figures from the Nordic Countries (2). However, as the data on the mortality is obviously not correct for Sweden and Norway, but likely to be at factor three too high the estimate for the mortality of Corona COVID-19 remains 0.01-0.03%

Country	Number of infected, tested	Real number of infected (estimate)		Number of dead	Number of dead if you only include the people who actually died of corona infection	Average age, dead	Mortality as percent of infected	
		Min	Max				% high	% low
	OBS: Only seriously ill are tested							
Denmark	864	3000	10000	3	1*)	80,3	0,03	0,01
Sweden	1040	3000	10000	3	?	85 (?)	0,1	0,03
Norway	1250	3000	10000	3	?	80 (?)	0,1	0,03
The Nordic Countries	3154	9000	30000	9	?	81,77	0,077	0,023

The data from the Nordic countries shows that Corona Virus COVID-19 is not at all different from the seasonal common cold we have every year with a mortality of 0.01%-0.03% ($p = 0.05$), and is less dangerous than influenza. The Corona COVID-19 virus is just the common cold, and it is not more dangerous than it always has been.

The 18th of April 2020 we were able to check this result again using the national mortality statistics from Danmarks Statistik (Denmark's National Statistics), at a time where the national experts in Denmark agree that the pandemic is over and the country slowly is opening up again and ending its lock-down. The conclusion from the statisticians is that there is no over-death in Denmark for the first four month of 2020, where the pandemic spread in Denmark (71). This

shows clearly that COVID-19 is a *common cold*, and not a mortally dangerous new virus, as the WHO for the last six month has insisted on, without having any scientific data to back this up. Now we have the data and now we know.

The precautions taken in Denmark have not been able to stop the spreading of the virus, and this was not the intention of the precautions; the predicted problems with a high number of people in respiratory problems overwhelming the hospitals never happened. There is therefore no possibility to explain the low mortality from the political actions taken regarding Corona; the reason nobody died from Corona is that it is not dangerous.

COVID-19 mortality rate based on data from autopsy studies per April 28th, 2020

Update 28-04-2020. Prof Klaus Püschel at the Universitätsklinikum Hamburger-Eppendorf has made autopsy on all corona positive patients dead in Hamburg, and found that not one single of these patients WITH COVID-19 died BY Corona COVID 19. From this, we can learn that the true mortality rate of Corona virus is less than one in 100,000, or $\leq 0.001\%$, which is even 10 times less than the whistleblowers' estimate. The average age of the dead with Corona he did autopsy on were 80 years old, and they all had one or more severe diseases that could explain why they died. Therefore, it was not the Corona COVID-19 virus that killed them. Prof Püschel concludes strongly, that we have absolute no reason to fear that the virus will kill us. (144) His findings are in accordance with a number of similar autopsy studies that now have come from many countries.

Acknowledgments to the Corona COVID-19 whistle-blowers

We want acknowledge the following 46 doctors and experts who during the 2019-2020 pandemic publicly have expressed, that they find the Corona COVID-19 mortality rate to be very low, around 0.01%, and much lower than the WHO's claimed mortality rate of 3.4%:

Dr. Bodo Schiffmann
 Dr. David Katz
 Dr. Else Smith
 Dr. Gérard Krause
 Dr. Heiko Schöning
 Dr. Jaroslav Belsky
 Dr. Jenö Ebert
 Dr. Joel Kettner
 Dr. Karl J Probs,
 Dr. Leonard Coldwell
 Dr. Mark Fiddike
 Dr. med. Claus Köhnlein
 Dr. Michael T Osterholm
 Dr. MUDr. Martin Balík, Ph.D.
 Dr. Peer Eifler
 Dr. Shiva Ayyadurai

Dr. Vibeke Manniche
 Dr. Wolfgang Wodarg
 Dr. Yanis Roussel
 MUDr. Jaroslav Svoboda
 MUDr. Zdeněk Kalvach, CSc.
 Prof. DDr. Martin Haditsch
 Prof. Dr. Carsten Scheller
 Prof. Dr. Jochen A Werner
 Prof. Dr. John Ionannidis
 Prof. Dr. Matteo Bassetti
 Prof. Dr. Pietro Vernazza
 Prof. Dr. Stefan Hockertz
 Prof. Dr. Sucharit Bhakdi
 Prof. Dr. Yoram Lass
 Prof. Erich Bendavid
 Prof. Frank Ulrich Montgomery
 Prof. Hendrik Streeck
 Prof. Jay Bhattacharya
 Prof. Karin Mölling
 Prof. Klaus Püschel
 Prof. Maria Rita Gismondo
 Prof. MUDr. Cyril Höschl, DrSc.
 Prof. MUDr. Jan Pirk, DrSc.
 Prof. MUDr. Jiří Neuwirth, CSc., MBA
 Prof. MUDr. Jiřina Bartůňková, DrSc., MBA
 Prof. MUDr. Julius Špičák, CSc.
 Prof. MUDr. Robert Lischke, PhD.
 Prof. MUDr. Tomáš Zima, DrSc., MBA
 Prof. PaedDr. Pavel Kolář, Ph.D.
 Prof. Peter C Gøtzsche

This list of Corona Whistle-blowers is far from complete.

We wish to express our deepest gratitude for their courage to speak openly against the authorities that have chosen to follow the WHO instead of the scientific experts, in a time where many who know do not dare to speak.

Acknowledgments

The Danish Quality of Life Survey, Quality of Life Research Center and the Research Clinic for Holistic Medicine, Copenhagen, was from 1987 till today, supported by grants from the 1991 Pharmacy

Foundation, the Goodwill-fonden, the JL-Foundation, E. Danielsen and Wife's Foundation, Emmerick Meyer's Trust, the Frimodt-Heineken Foundation, the Hede Nielsen Family Foundation, Petrus Andersens Fond, Wholesaler CP Frederiksens Study Trust, Else and Mogens Wedell-Wedellsborg's Foundation, and IMK Almene Fond. The research in quality of life and scientific complementary and holistic medicine was approved by the Copenhagen Scientific Ethical Committee under the numbers (KF)V. 100.1762-90, (KF)V. 100.2123/91, (KF)V. 01-502/93, (KF)V. 01-026/97, (KF)V. 01-162/97, (KF)V. 01-198/97, and further correspondence.

Author declarations

All relevant ethical guidelines have been followed; any necessary IRB and/or ethics committee approvals have been obtained and details of the IRB/oversight body are included in the manuscript. All necessary patient/participant consent has been obtained and the appropriate institutional forms have been archived. I understand that all clinical trials and any other prospective interventional studies must be registered with an ICMJE-approved registry, such as ClinicalTrials.gov. I confirm that any such study reported in the manuscript has been registered and the trial registration ID is provided (note: if posting a prospective study registered retrospectively, please provide a statement in the trial ID field explaining why the study was not registered in advance). I have followed all appropriate research reporting guidelines. I declare no competing interests. No external funding was received for this paper or the research behind it.

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Submitted: March 26, 2020. *Revised:* April 14, 2020. *Accepted:* April 20, 2020. This paper has been granted Open Access by the publisher; it can be used freely but with reference: Ventegodt S, Merrick J. A tribute to the Corona virus COVID-19 (SARS-CoV-2) whistle-blowers. *J Altern Med Res* 2020;12(2):1-99.