

THE SOUTH AFRICAN SARS COV2 VACCINE TRIALS ARE NOT WHAT YOU ARE TOLD THEY ARE. IN FACT, THEY ARE



A MONKEY BUSINESS

August 4, 2020: Liberty Fighters Network of South Africa is the author of this opinion to which it is entitled. It is based on research anyone can do. By continuing to read you accept the right of the authors to express their opinion.

Let's start by looking at a [4.5 minute report](#) on the kick-off of the South African Covid-19 vaccine trials in South Africa, Soweto to be precise. It was posted a month ago, on June 24 on the youtube channel of the South African Times Media Limited conglomerate (TML). Which means they produced and aired it themselves and syndicated it to other networks. Judging by some recent headlines we have seen in connection with the ongoing Covid charade by that media outlet: If unbiased reporting is what we are after we could stop right here and move on to more pressing tasks in life. But since we are now at it, lets just continue and see what's behind it. We start by looking at the title and – whoa:

#33 ON TRENDING

First 8 South Africans receive 'historic' Covid-19 trial vaccine

Numerology already, with not only the 8, but the 33 above it!

So we already have good reason to suspect that **Corona is some form of international psy-op on the back of a major social experiment, coupled with a renamed flu season.** Which is why military people run the show in the US and why this filters down from top to bottom in pretty much all the reporting. The video shows eight masked people hanging around in what seems to be a waiting area before they get pricked. It's difficult to know whether the crew was in on the con. At first we had thought they just filmed what was presented to them, but then we realised that they permitted the head honcho of the test to be filmed without a mask. Those who have watched mainstream television lately know how strict these people can be when it comes to masking-up for the camera. Reason: Editorial policies have been installed which do not permit people to be on-screen in a news show without wearing a mask. It's called propoganda; it promotes what they want to be your "new normal." The mask-free professor "Madhli" is an exception and thus another marker. His powers extend beyond those of the usual interviewee. This is not surprising. However, his name isn't Madhli but **Madhi**. Also: he's of Indian descent. Why this is important will become clear further down.

Madhi is Director of the RMPRU, the Respiratory and Meningeal Pathogens Research Unit. It is connected to Witwatersrand University (where he is a professor of Virology); and so are all the other researchers at the unit. It is attached to Chris Hani Baragwanath Hospital which is, of course, the medical outpost of that University. RMPRU, which runs the Covid vaccine trials, falls under Wits' academic policies. It also has another unit attached to it, the VPD (Vaccine Preventable Disease) where Madhi is proud to hold the chair. Beyond the current project, one thing executed under his chairmanship during the last few years was this:

“... the first randomized controlled trial globally to show that **influenza** vaccination of pregnant women protected HIV infected and HIV-uninfected women against **influenza** illness, as well as their infants. These data will be used to inform WHO policy on maternal **influenza vaccine prioritisation**. Following this study, the **South African National Advisory Group for Immunization** has recommended that pregnant women be prioritised for **influenza** vaccination in South Africa. . . .

The Unit was the largest recruiter in a multi-centered study which evaluated the safety and immunogenicity of a chimeric RSV-PIVIII combination vaccine in children.”

Let's unwind this sentence. A number of research centres around the world ran some form of competition: which one of them would be able to recruit the largest number of children, presumably from low-income families, to inject them with vaccine cocktails that were developed from different species—meaning they consisted partly of human and partly of animal cells—in order to see what would happen to those children and to then write some study about it and get funding. Madhi collected the most children and won the race, with most of the participants stemming from the surrounding area, **Soweto**. To be clear what this “chimeric” research is about, here some lines from biologist.org where the *in-vivo* co-mingling of human embryo cells with mouse brain cells is described rather aptly:

“Recent work ... has used the mouse embryo as an *in vivo* system to test the potential of human pluripotent cells: creating chimeras by microinjection into a mouse morula and analysing the chimeric embryo shortly afterwards.... **Given that these experiments were limited to early embryos** (10 days; within the limit allowed for research on human embryos), **the ethical concerns here are limited**, but it is possible that central nervous system (CNS) tissue containing both mouse and human cells will be found in this chimera.”

The bold emphasis is ours. And no, we don't agree with the notion that concerns could be limited here. Inter-species experiments on living humans should not happen. At all. So one wonders how many Sowetans are partly animals since those tests mentioned above... Okay, that may sound a bit crude. But then again – it may be correct.

Human dignity should be the most protected human right anywhere in the world. To address this, the “The Human-Animal Chimera Prohibition Act of 2016” was introduced. Even though this Bill died in the Terrorism subcommittee for some odd reason (or not – terrorism combatants and homeland securitizers are generally not known to display much ethical concerns), a final definition of what “chimeric” actually means was arrived at. A chimera is any of the following, emphasis, again, ours:

a human embryo into which a nonhuman cell or cells [...] have been introduced to render the embryo's **membership in the species Homo sapiens uncertain**;

a chimera human/animal embryo produced by fertilizing a human egg with **nonhuman sperm**;

chimera human/animal embryo produced by fertilizing a **nonhuman egg** with human sperm;

an embryo produced by introducing a **nonhuman nucleus** into a human egg;

an embryo produced by introducing a human nucleus into a **nonhuman egg**;

an embryo containing at least haploid sets of **chromosomes from both a human and a nonhuman life** form;

a **nonhuman life form engineered** such that human gametes develop within the body of a nonhuman life form; or

a **nonhuman life form engineered such that it contains a human brain** or a brain derived

wholly or predominantly from human neural tissues.

Pause.

On the ethical – legal side, wiki tells us that according to the proposition, “attempts to create a human-animal chimera, the transfer or attempt to transfer a human embryo into a nonhuman womb, the transfer or attempt to transfer a nonhuman embryo into a human womb, and the transport or receive of any purpose of an animal chimera” would be prohibited and that penalties for violations of this bill

include fines and/or imprisonment of up to 10 years.

Clearly, there were grave ethical concerns at play at the Congress of the country that is also host to the World Health Organisation. As a result of this Bill failing, none of the described human- non-human experiments were outlawed and continued instead. So the issue arises, according to wiki as follows: "If a chimpanzee is genetically altered to be more similar to a human, it may blur the ethical line between animal and human." That is absolutely correct. However, the question we need to ask here is this:

"If a human is genetically altered to be more similar to a Chimpanzee, for instance by altering its RNA, will this not blur the ethical line between and human and animal and make the human being more of a Chimpanzee?" Like pretty much any actual human being, we agree it that it does. And that it should not, for about 7 billion reasons.

Just two quick definitions here, for better understanding:

1. Adenosine is one of four nucleoside building blocks to RNA, which is essential to all life.
2. Ribonucleic acid (RNA) is a polymeric molecule essential in various biological roles in coding, decoding, regulation and expression of genes.

This should make clear to all without microbiological or similarly suited degrees that both elements are critical to our very own human genetics. Within our genetic composition lies the very core of who we are and what we are capable of as humans. Among many other things it is also the root cause of our understanding and definition and understanding our very own "human dignity." In short: It is what makes us human.

And now for the big one: why are we going off on a tangent here, in what was supposed to be a quick piece, de-propagandising television news? Simply because the rabbit hole is much deeper than we could ever have imagined.

What is described here, the blurring of the line between humans and monkeys, is precisely what is happening in Soweto right now, and what will happen elsewhere very soon. And we have not been told about it. And unless we force those responsible to tell us the truth, they will not do it. And they will not stop. Unless we make them.

Fact: the serum injected into the volunteers is a result of chimeric research. It is "Chimpanzee Adenosine."

Until we are presented with evidence to the opposite we reasonably presume that the participants in the Wits / Madhi vaccine have not been informed that the vaccine tested on them contains monkey genetics.

That's right. Read that sentence again and let it sink in. We get back to that point later. That will lead us to the question: "Why Soweto?"

Soweto is not just any place in the history of South Africa. Established as a result of the so-called Areas Act of 1923 (which, essentially, established the separation of races and restricted movements for Africans), it was intended to be the ideal spot for blacks to live in and permitted them to travel to and from work—mostly in Johannesburg and the nearby gold fields one would imagine. Then, as now, the term "improvement" played a major role in implementing all sorts of restrictions on the inhabitants, like access to alcohol and methods of transport. Sound familiar?

Many years later Soweto became the largest "native housing area" in South Africa, with officially about 1 million legal inhabitants. It was named Soweto (South-West-Township) only in the 1950s. Since its early days, the concentration of potential for social conflict ensured just that. Early on, it had been decided to separate the the various settlement areas forming Soweto along the language – and thereby cultural – divide: about a dozen areas, neatly separated for population by the speakers of six language groups. That happened in the early to mid 1950s, around the same time that Ernest Oppenheimer arranged for a loan of £3 million to erect 14,000 houses for additional mining workforce.

In today's perception, Soweto is the historical core of the black unrest that eventually brought down Apartheid. This is a drastic oversimplification and things are, of course, a bit more complicated. Like Covid, Apartheid was a multi-layered steered long-term event, invented for specific purposes. The main one under Apartheid: to subdue workforce into oblivion by whatever means necessary. One of them was the allegation of inferiority of blacks when compared to the superior white race.

In their everyday lives, blacks were not only treated as but also called monkeys more often than not. That did not go down too well with the majority of Sowetans, arguing that they deserved to be treated as humans instead and to be allowed to live like their peers in Johannesburg. In fact, the unpleasant memory of such practices and name-calling is still very embedded in the collective psyche more than two decades after the so-called "transformation". A prime example are the racist rants of early 2016 by Penny Sparrow.

As we move ahead, you also need to know this: Soweto's Chris Hani Baragwanath Hospital was renamed after a **Communist** leader whose murder is now widely accepted as being more of an

unresolved Intel affair than a criminal act. The imprisoned “murderer” and recently deceased accomplice were Intel agents and were never in jail. The original placename relates to a Welshman (some say he was Gaelic, from Cornwall...) who arrived on the same ship as the Duke of Buccleuch’s party. On the ship, his cousin bore his son, less than a year after his wife had died at home. He himself was a retired Navy officer. His son, John Albert Baragwanath, is sold to us as a shopkeeper who was wealthy enough to provide the land to the South African government on which it built a military hospital for the Brits. The land centres around the 8th milestone from Johannesburg on the way to another town. After WWII the University of Witwatersrand began to conduct medical experiments there. Which brings us back to Chairman Shabir Madhi.

During the 2014 reporting period, the Chair also received grants to the value of R98 million from the Bill and Melinda Gates Foundation, for research focused on improving child health during early infancy through vaccination of pregnant women.

OK. Just under 100 bar. What did BMGF get in return, we wonder? Yet, it get’s better on another webpage of Madhi’s unit:

“... studies underscored the need to review policy on the use of influenza vaccines in HIV-infected individuals. The unit has embarked on a \$10 million project, funded by the Bill and Melinda Gates Foundation, which is examining the safety and efficacy of influenza vaccination in pregnant HIV-infected and HIV-uninfected women in protecting their young infants from influenza illness, as well as maternal-immunization possibly reducing the risk of premature births and still-births.”

We are not making this up. It’s from their own website. It is not clear, though, how much funding Madhi’s unit received for what exactly, or when exactly, altogether.

Adding the one grant mentioned on the Wits website, that’s about 250 million South African rands. Now if Wits’ academic funding policy is somewhat similar to other universities in SA, the Chair would have received about ZAR 80m+ (ca. 1/3) over the years in his personal capacity. Which he might have had to share with the other academic personnel involved in his work.

One would think it fair to presume that in the last six or so years, Shabir Madhi has thus personally benefitted from vaccination of Soweto’s population to the tune of perhaps half of that; say about 40 million rands? (\$3 million or thereabouts) On average, that is about 10 million rands a year. His salary, on the other hand, would have been somewhere in the region of 1,5m rands. So one can probably add another eight to ten million or so (before tax) which he received as reward for his work.

Madhi qualifies to do this work by virtue of his position at a university of this country. His PhD he has received from the same institution, so are his medial qualifications as Paediatrician. The university, in turn, lends credibility to what he does and, thereby, to the involvement of any sponsor. At the same time, Madhi’s unit is supported by such a third party to the tune of, conservatively, about six times of his own salary. So who would you say he really works for? Whose job does he really do? How will this play out when there is a conflict of interest between sponsor and institution? The answer to this question is not only of ethical but also of legal relevance.

Because his employer, WITS, also benefits from BMGF on the very issue, way beyond what could justifiably be called “a subsidy”. One doesn’t need to see the actual contract, it is clear that any agreement of that nature will be very close to a service-level agreement with the one party working for the other one and receiving the agreed reward in return. One may bind the grant to a specific purpose or aim or “ringfence” a grant to a specific unit etc. it does not matter. It is what it is. In this case, we believe, it is a full department of the University of Witwatersrand being contracted to the Bill and Melinda Gates Foundation.

That being the case, what happened to academic freedom at WITS? For example, when was the last time the university approved research work critical of vaccination? When last did they employ an academic, openly critical to vaccines? Or critical of Windows 95?(3)

Of course, one could ask Shabir Madhi what the exact amount of cash actually is that he has received over the years. He may or may not tell. Does it matter? Not really. It just goes to show that there are substantive pecuniary interests at play for the people involved in these trials and that for them it is – to a large financial extent – about something much closer to home than “saving the lives” of Sowetans and other poor people around the country. Did they tell that part of the reality to their subjects? Not according to the video.

Getting back to our little Times Media TV news piece: the close-up of some paperwork at 2:43 is now no longer a surprise: Bill and Melinda Gates Foundation are listed as sponsors of this very trial. One can only guess that after the 250million spending (or much more, we don’t know yet) over the last few years, a few million more would not matter much. Plus this institute is one of seven vaccine research labs worldwide that are fully or partly funded by Gates’ foundations or associations. So why be stingy?

One of the youtube skill-commenters, trying to fend off “conspiracy theorists” in the commentary section of the video, insisted that Gates would just have funded the research - and “that’s that.”

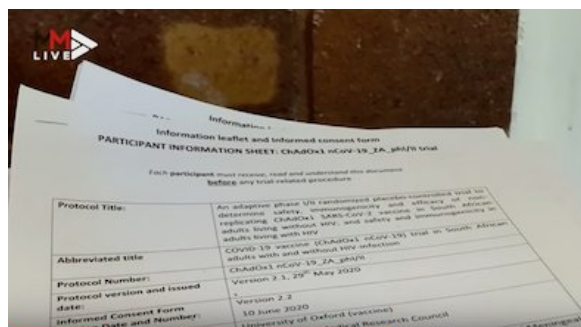


Anyone with more than a single braincell and eyes to read can safely laugh that off. Vaccination is not a “giving - money - away - scheme.” It’s a business. Gates’ philanthropic arm, spending the research funds (“seed money”) indeed produces temporary “losses”. Yet, it is well documented how related organisations later benefit when state funds pay for research-funded projects to the linked organisations and manufacturers. Above is one of those organograms floating around. We did not research that one, other people did. They may well be right.

Which links us to another fallacy that’s being pushed quite often: that Bill Gates is the only wolf under philanthropist sheepskin in the worldwide vaccine game. Nothing could be further from the truth. We will meet other players in the follow-up. Hint: one is an Indian, too. What may well be true, though, is that Gates might be the most recognised among all of them.

Let’s look at the video a little more: the depicted “patient information sheet” reveals that it relies on an “Informed Consent Form”, version 2.2. of June 10, whereas the Protocol Version of the test carries number 2.1. which was approved as of May 29.

What does that mean? Firstly, that there was an earlier version of the procedure which had to be changed for reasons unknown; and secondly, that these changes were severe enough to require a change in the patients’ consent form. Which is quite an important form in any human medical trial, especially from a legal perspective. Because, on the basis of this documents’ disclosure, the subject declares to have made the informed decision to partake in the experiment and, for instance, also to abide by the declared procedures. Full indemnification is one of them.



Perhaps the most important element from a legal perspective here is this: If no vital information was withheld and the prospective participant was put in a position to consent freely and was, indeed, fully informed about all material facts relating to the medical experiment which he was willing to put himself under, he will have a very hard time to deliver any argument pertaining to any form of damage from this experiment in a court later. If, for instance, he became blind as a result, that would just be too bad. If, however, there was no full disclosure to the participant and, therefore, his consent was not free, prior and informed, well... To put it bluntly, armadas of lawyers will not hesitate to sue the living CENSORED out of the firms involved. So lack of full disclosure renders indemnification invalid. Remember that for later.

The procedural change then took 13 days to implement. Right... two weeks are like eons in the history of this vaccine trial. Even Gates’ medical director himself had called the trials “very very fast” and he does stuff like that every day or so. What happened here, where does the sudden somnolence come from, taking two weeks to line up a form with a small procedural change? Does the TML video tell us what happened? Nope, they missed that, it seems. Or just forgot to ask.

It is time to have a brief look at the timeline of events – most of which came to be public knowledge by vaccine research insiders, let's not forget this. Here is some of what happened in the world of pharma research while we were told to stay at home and be fearful in awe. The most interesting stuff and some additions are in bold:

April 23

Reuters reports that following the “initiation of a clinical trial,” a COVID-19 vaccine candidate developed by UK researchers is “already being manufactured” in seven facilities in various countries while “still being developed in Britain.” They mention one million doses being supposedly available from seven production sites around the world.

Those who pay attention have realised that this must be false news – nothing can be manufactured until a trial has established what can be put into the product. Else there is no point in a trial.

April 27

New York Times confirms that an “Oxford vaccination team” leaps ahead and schedules tests of their new coronavirus **vaccine** involving more than **6,000 people by the end of next month (May)**, hoping to show not only that it is safe, but also that it works. The Oxford scientists say that with an **emergency approval** from regulators, the **first few million** doses of their vaccine could be available by **September** and that Ethics rules, as a general principle, **forbid seeking to infect human test participants** with a serious disease. That means the **only way to prove that a vaccine works** is to inoculate people in a place **where the virus is spreading naturally around them**. “It is a very, very fast clinical programme,” a director of the vaccine programme at the Bill and Melinda Gates Foundation is quoted as saying. BMGF provides financial support **to many competing efforts**.

April 28

“Jumping the gun”, is the way the *The Economist* describes an **Indian firm mass-producing an unproven covid-19 vaccine**, while “gambling that one created in Oxford will work and be approved.”

Which it probably will, in any event. *The Economist* just didn't get the memo in time.

April 30

Serum Institute of India plans to make low-cost COVID-19 vaccines available **to the developing world**, writes Biocentury. Oxford has supposedly launched a **Phase I trial of its ChAdOx1 nCoV-19 vaccine** on UK citizens and could have doses ready for emergency use this year. The university has stated that it **will not seek patents** or other intellectual property protection for the vaccine. The Oxford group's decision to eschew IP is in tune with SII's approach to vaccines.

Miles: as I have predicted, the developing world will once again be the main target of this vaccine. This is because the first world is too savvy to fall for this. I hope.

May 13

Biorxiv reports that 35 researchers, about half of them from Oxford's Jenner Institute and the other half from the US Laboratory of Virology (NIH, US government institution) claim to have showed “that the adenovirus-vectored vaccine ChAdOx1 nCoV-19, encoding the spike protein of SARS-CoV-2, is immunogenic in mice, eliciting a robust humoral and cell-mediated response...” and that “**a single vaccination with ChAdOx1 nCoV-19** induced a humoral and cellular immune response **in rhesus macaques**.” The competing interest statement reads: “**SCG** is a board member of Vaccitech and **named as an inventor on a patent covering use of ChAdOx1-vectored vaccines** and a **patent application covering a SARS-CoV-2 (nCoV-19) vaccine**. **Teresa Lambe** is named as an **inventor on a patent application covering a SARS-CoV-2 (nCoV-19) vaccine**.” SCG is, of course, abbreviation for Sarah C Gilbert of Oxford where Teresa Lambe also works.

So much for Oxford not seeking patents, eh?

May 15

A single dose of Investigational **ChAdOx1 nCoV-19 vaccine** protects six rhesus monkeys against COVID-19 pneumonia caused by SARS-CoV-2 reports NIH. It also states that a study provided data for clinical testing to commence and that a **Phase 1 trial of the candidate vaccine began on April 23 in**

1000+ healthy volunteers in the United Kingdom.

Line up now.

May 18

SMC has invited independent researchers from Britain to comment on the interim study as published five days earlier from the US . One states: "...the neutralising antibody titres were low and insufficient to prevent infection and – importantly – insufficient to prevent viral shedding in nasal secretions (worrying). **If similar results were obtained in humans**, the vaccine would likely provide partial protection against disease in the vaccine recipient but would be unlikely to reduce transmission in the wider community."

In other words, they don't work!

May 22

University of Oxford itself reports that COVID-19 vaccine "will now begin phase II/III in human trials" and that researchers have begun recruiting for the **next phase in human trials** of a COVID-19 vaccine. Says: "Our vaccine work is progressing quickly" and that the "**Phase I trial in healthy adult volunteers began in April.**"

Where are they getting these volunteers? ARE they getting these volunteers, or are they just making it up, as usual?

May 29

The new procedure for human trials Chadox trials are approved in South Africa.

June 9

The Biodiversity Institute of South Africa launches its PAIA initiative and requests full and unredacted documentary disclosure of the South African trial permissions from the registrar. It is pointed out that **the vaccines' platform is a chimera which existed almost a decade before the virus** it supposedly attacks had been discovered.

June 10

New Informed Consent Form in South Africa is implemented by Madhi's unit at WITS

June 24

The Oxford Covid-19 vaccine trials start in **South Africa** and **Brazil**. Sponsored by Lemann Foundation, the trial in Brazil will assess the vaccine candidate in **2,000 health workers** in Sao Paulo and 1,000 people in Rio de Janeiro. Meanwhile, the University of Witwatersrand in South Africa is working with the University of Oxford and the **Oxford Vaccine Group** to evaluate the vaccine candidate. **Named Ox1Cov-19 Vaccine VIDA-Trial**, the South African study was **approved by** the Health Products Regulatory Authority (**SAHPRA**) **and** the University of the Witwatersrand's **Human Research Ethics Committee**.

And just for good measure, so that you really get familiar with the actual subject matter at hand:

June 26

India's Serum Institute looks to raise \$1 billion for big-ticket COVID-19 vaccine project and engages **Goldman Sachs, Citi and Avendus Capital** as advisors. SIIL is in agreement with Astra Zeneca to produce the Chimpanzee-genetics derived serum.

Zeneca somehow struck a licensing deal with Oxford about a vaccine which at that point in time, has been tested on 6 monkeys and 8 Sowetans. Conspicuously, 1112 Brits have gone missing from the scientific literature.

Let's call a spade a spade: Almost nothing of this makes any actual sense. But we need to get to the bottom of what happens at his point in Soweto and, as of last week, started to happen elsewhere. So, let's unwind it a bit. In doing so let's not forget that most of it we get know because they WANTED to get certain information out while misdirecting and lying about other things. Here is our reading:

We know that a vaccine trial (or any bio-medical trials, especially where humans are involved) cannot just happen in a haphazard way. Logic dictates that trials on animals must precede trials on active humans, else the animal trials are pointless.

Oxford's PR spinners tell us that the monkey trials in Montana started some time in April with the injections of the vaccine and, some twenty odd days later, with the injection of the SARS CoV2 virus. 6 Monkeys are tested, 3 are kept for control purposes and get something else. But by the end of April, so they also say, the vaccine is already being manufactured while it is still being developed and tested. Jeepers. Someone forgot to pay the script girl.

Seems the PR actors could not decide what it was supposed to be. Either it is something that is still in development and must be tested for procedural or practical reasons – or it is in production. In which case all ingredients must be known and all approvals must have been obtained. There is simply no point in trying to figure out again what is known already. So which is it? We do not know. What they do tell is that after one month or so (time for two injections, time for producing antibodies, time for incubation of virus, some time for observation, some time for writing a report) we suddenly have the report from 35 (Compress that number, quickly! =8) scientists reporting from the other end of the world on the conclusion of their test in Montana and on the wonderful results it has produced in fighting Covid in Rhesus monkeys.

Yet, according to their own spin-working this is completely obsolete since the vaccine is already being produced for two weeks at this point. In various countries, but not in Britain. Thus: Montana's findings, while being the first, are also too late at the same time. Please make some sense of it if you can. Then, two days later the world is informed that human trials in Britain (1,112 participants) are in full swing. Since it takes longer than 48 hrs to initiate trials of that magnitude one can safely conclude that same were initiated while the Montana monkeys were still being tested. In fact, the NIH itself will report later that Human trials have, indeed, started on April 23. That is three weeks *before* the first report on the monkey test outcome. Sounds kinda risky... Rambo Science anyone?

Any actual scientist would normally be careful not to risk 1,000+ human lives on a hunch. In particular since one could potentially be sued into oblivion by living human beings but not by dead monkeys. Plus: they also forget that they could easily be called out for experimenting on humans for that. Or are they scientists of the Mengele kind? – We don't know. But lets not be too overly optimistic. Perhaps the allegedly invoked "emergency procedure" (hint: no such thing actually exists) covers the aspect of possible genetic mutations? Because the influenza-like illness is so severe?

What we do know is that a few days after the Montana monkey report a few scientists criticise the vaccine as being pretty useless since it does not seem to prevent any SARS CoV2 infection. Hmm. So, what is it actually good for, one may wish to ask?

is, in the form of a May 13 BioRxiv preprint. Does the data support the claim?

Not really. All of the vaccinated monkeys treated with the Oxford vaccine became infected when challenged, as judged by recovery of virus genomic RNA from nasal secretions. There was no difference in the amount of viral RNA detected from this site in the vaccinated monkeys as compared to the unvaccinated animals. Which is to say, all vaccinated animals were infected. This

Further: These scientists obviously do not live in hermetically shielded bubbles without internet access, yet they make no mention of the human trials which are, supposedly, in full swing at the time they pre-peer-review a monkey trial. One can safely conclude that while the results on a trial, 200 times as big, using the very same substance on actual living human beings must be imminent, the scientists reviewing the monkey trial had not heard anything about this human trial. Otherwise they would have mentioned it.

So: The first trial of this magnitude, ever, in the history of mankind, where a chimeric substance derived from monkeys (not the Montana test monkeys!), with a potential for irreversible genetic mutations in living humans is tested on more than one thousand living human subjects was kept a secret whereas the injection of six monkeys with the very same substance was widely commented on? Really?

On top of that, someone most have forgotten to fire the bosses of both University of Oxford and its Jenner institute. Because, according to the *New York Times*, while they were – owing to their astounding abilities(4) – able to leap ahead in the world-wide Covid vaccine race, they were at the same time stupid enough to risk this advantage by sending their complete A-team to the woods in Montana to watch nine monkeys. This while nobody of scientific stature was left in Britain to check on more than 1000 actual British citizens that were injected with exactly the same substance. Is this in any way believable? No.

The Oxfordians then somehow forgot to write a report on how Phase 1 of the human trials in the UK went while doing all sorts of songs and dances around their Montana monkey business. Are we supposed to believe that there was zero interest among the scientific community in getting to know how the human trials went? Gosh. But it does not end there. While they forget to report on the outcome of the first human phase, they remember to initiate Phase II trials to go ahead, first in far away countries (SA and Brazil) and later, at home.

Unfortunately, there is no proper scientific basis to do that. Without the concluding report nobody will know what to do during the next phase: will there be changes, improvements, adjustments? – Where will they have to be made? If not, why not? We do not know and neither do they – because there is no report.

Partner institution WITS in South Africa however changed its Phase I/II procedures to comply – but to comply with what exactly? Not with the documented outcome of Phase I in Britain, that's for sure. Because there is none.

In the meanwhile, a database sports the entry below, suddenly combining phases I and II, also starting on April 23 but to be finished next year only. We are told by sources that even one year is an entirely insufficient period to determine whether or not inter-species genetic mutations can occur or not. If they are not entirely excluded, **the possibility of very severe and irreversible damages** can occur in human beings subjected. Everyone injected, apart from being exposed to potentially severe health risks, will pass on the monkey genetics from there on out as their own to their children. And they will pass it on to theirs. And so on. All of that to prevent what exactly – well, not a Covid infection, that's for sure. See above. It's not meant for that.

Study Design		Go to
Study Type	Interventional (Clinical Trial)	
Actual Enrollment	1090 participants	
Allocation	Randomized	
Intervention Model	Sequential Assignment	
Masking	Single (Participant)	
Primary Purpose	Treatment	
Official Title	A Phase I/II Study to Determine Efficacy, Safety and Immunogenicity of the Candidate Coronavirus Disease (COVID-19) Vaccine ChAdOx1 nCoV-19 in UK Healthy Adult Volunteers	
Actual Study Start Date	April 23, 2020	
Estimated Primary Completion Date	May 2021	
Estimated Study Completion Date	May 2021	

Unsurprisingly, there is something else that we are not being told: the approval by both the regulating authority and Wits ethics committee smell fishy. And here is why: The Bio Diversity Institute complains in their legal request (in June) for full disclosure that large sections in the applicant's documentation section had been redacted. If this happened prior to the granting of the application – on what basis could the registrar possibly decide? Alternatively, if the redactions happened after the granting procedure was completed, why redacting for, as was stated: “economical reasons”?

The virus is so dangerous, remember, that the whole world has been changed, to save lives, isn't it? Now: where do the economical interests suddenly come in? It is either urgent and we need to do what needs to be done now – else we all die – or it is not and economic interests can prevail as usual. This is particularly interesting since both AstraZeneca and SIIIL, the licensee and the manufacturer, have stated many times over that licensing fees are not part of their economical equation; that public health is, according to them, not a matter of profit. Except for the patents we saw above, of course.

And since the product will, according to them, be made available at extremely low cost, re-engineering (and then pirating of the product) makes no sense at all. So we are, in fact, told by the manufacturing parties that no commercial interest exists while at the same time the registrar in South Africa tells us that they do or that, alternatively, the applicants must have told the registrar something else when they applied for permission. Which would mean that either the registrar or the public are being lied to. Why?

**WITS HUMAN RESEARCH ETHICS COMMITTEE:(MEDICAL): ETHICS
SUBMISSION & MEETING DATES**

Please note: For logistical reasons, applications received after the submission dates below, will not be processed but will be kept over to the following meeting

SUBMISSION DATES 2020	HREC MEETING DATES 2020
07 JANUARY 2020 TUESDAY	31 JANUARY 2020 FRIDAY
07 FEBRUARY 2020 FRIDAY	28 FEBRUARY 2020 FRIDAY
06 MARCH 2020 FRIDAY	27 MARCH 2020 FRIDAY
07 APRIL 2020 TUESDAY	24 APRIL 2020 FRIDAY
07 MAY 2020 THURSDAY	29 MAY 2020 FRIDAY

As far as the WITS Ethics committee (which approved the test as well) is concerned, the hiccup is, again, the time line: As the Primary Investigator, it would have been Madhi's job to request the approval by this Committee. So we can assume he did that or instructed someone to do it. The committee traditionally sits once a month, at pre-determined dates. If the Chairman's note of March is anything to go by, the Committee continued to sit as planned under the lockdown, possibly via zoom. This notion is supported by the lack of updates to the planned meeting dates. The meeting in question would have been the one on May 29 as the trial started on June 24th, several days before the June meeting. In fact, in further support, we find that on May 29, a procedural change had been approved, so it is entirely possible that the committee sat that day, reviewed documentation and requested a change.

The problem though is, that the documentation forming the basis for the decision of the Ethics Committee must have been handed in at the beginning of the month. Late submission ensures the request to stand over for another month. And we know that has not happened. Because that meeting was on June 26 only. Therefore, Madhi, as the person responsible for the test and the application to the Ethics Committee had to submit all relevant documentation by May 7. And that's where the problem lies: On May 7 there could have been no supporting documents. See above: On May 7, the Chadox monkey trial was still ongoing, without a report being available, hence not even the fact that respiratory complications were avoided in the tested monkeys – the only reported advantage of the vaccine – could have been known.

Put bluntly: on May 7 there was absolutely nothing Professor Madhi or anyone else could have used in support of the application for test approval with the Ethics Committee. Only on May 13 the results became (semi-)public. And the Phase I report from the UK is AWOL, even until today. So what was applied for, what was granted, and on what basis were such decisions made? Or in the words of Judge Judy: "If it doesn't sound kosher, it's not true."

Moving on. The actual name of the vaccine with which the poor of South Africa and Brazil are to be injected with is "COVID-19 vaccine ChAdOx1 nCOV-19_ZA_phi/II". **Chimpanzee. Adenosin. Oxford.** Crudely put: Someone in Oxford has decided that monkey genetics are to be injected into South Africans, Sowetans first, and to potentially fiddle here with their human genetics. I suggest you read that again. Perhaps you can come up with a sentence that sounds less offensive? While being true?

We also note that the treacherous naming of the vaccine had been changed about that very time. Not once, but twice. In South Africa, four letters were removed by the authorities in the title of the trials. "ChAd" is suddenly gone. While this does not make the origin platform being derived less of Chimpanzee origin, it obviously helps avoiding unpleasant questions by Sowetan participants. According to the interviews, they believe they are saving the world by helping science. They are not becoming the monkeys they were called in the past.

Injecting the African population of Soweto twenty five or so years after they had freed themselves from that system (which, by the way, was classified as "crime against humanity") with actual monkey-derived genetics might pose a rather large PR issue when found out.

AstraZeneca takes next steps towards broad and equitable access to Oxford University's potential COVID-19 vaccine

PUBLISHED 4 June 2020

Agreements with CEPI and Gavi and the Serum Institute of India will bring vaccine to low-and-middle income countries and beyond

Global supply capacity to exceed two billion doses

AstraZeneca has taken the next steps in its commitment to broad and equitable global access to the University of Oxford's potential COVID-19 vaccine, AZD1222, following landmark agreements with the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi the Vaccine Alliance, and the Serum Institute of India (SII).

Let's have a look at the abbreviated title: this is supposed to be a "trial in South African adults with and without HIV - infection." Reading this, one is left with the impression that the sample size of either group should be somewhat representative and more or less equal to the other. Some have HIV - some do not - both groups are tested. Results are compared afterward. Right? – Nope. We are told that of the 2000 planned subjects, only 50 will be HIV positive. Firstly, following the media frenzy we are fed about alleged HIV prevalence in "black" areas, one might believe it to be rather difficult to find 1950 Sowetans who are HIV negative. Further: a sample size of just 50 units is way too small to be meaningful in any way as it won't reveal results of statistical significance. In fact, any sample size, regardless of test, below 400 is regarded as problematic for precisely that reason. So why do it at all? Or why pretending to do it? Were these the only 50 HIV positive and Covid-19 negative people left in Soweto because the fight against AIDS has been won? Let's think about that.

Miles: this also begs the question again—is any of this really happening at all? It obviously has nothing to do with HIV, so if it is happening, it appears to be just an excuse to use poor blacks as guinea pigs once more.

Here is the thing: while the parties responsible for these genetic tests may not derive any meaningful data from 50 HIV-positive participants, they may derive some further funding. Over the years, HIV research has become one of the – as in "THE" – sources of public funding, often combined with Intel and data gathering; USAID being the prime example here. So if they were, theoretically, receiving funds from both ends, say the "vaccine" tests and the HIV funding train, this activity would be known as "double dipping." Meaning: the would not only use our own money to mess with us, they would even be able to pay themselves for laughing out loud about our stupidity to play our part in their games. From our own money, again! "Range Rover anyone?" Surely, our honest scientists from the Gene Manipulation Department wouldn't do things like that. Like lying. Bending the rules. Deceiving the public. Or would they? Let's see in the next part.

We don't need the next part to know, since they have been caught over and over doing it in the past.

Let us then go full circle and get back to the "Indian" element in this charade. That is what we will study in Part 2. You may be surprised and probably not in a good way. We will show what this really is all about. It's called money. As an appetizer, have a good look at the inset below: it was published by AstraZeneca itself, on June 4, in other words just two weeks after the publication of the rather mediocre findings of the Montana test and more than three weeks before the first human trials of the very Chimpanzee vaccine in Soweto.

How did they know on June 4 what is good for you before anyone else could even have had the slightest inkling? Eleven months before the test are finalised? Do you still think your safety is of any concern here?

Think about that for a while.

³ For those who are too young to recall: that was Gates' initially failed effort to deal with viruses in his own computers. Later on, his marketing improved and he convinced his clients that the problems were, in fact, features. Sound somehow familiar?

⁴ Actually, these abilities are not necessarily that great: The vaccine exists since at least 2011. They are just hoping that it will yield sufficient results somehow justify its usage. Why?