STATEMENT OF MIKE YEADON

1. I, Mike Yeadon will say as follows. I have training in biochemistry and toxicology (1st class joint honours) followed by a research-based PhD in respiratory pharmacology. I then worked at increasingly senior levels in biopharmaceutical R&D (new medicines) and was vice president and worldwide head of allergy and respiratory at Pfizer. A position I left in 2011.After leaving my employment at Pfizer I took on work as a consultant to over 30 biotechnology companies and was very highly regarded both by investors and management. More recently I founded and led as CEO a biotech which was acquired by Novartis (2017).

2. I have a wide knowledge of the pharmaceutical industry, including all aspects of new medicine design, research, and development. In particular I have an in-depth knowledge of custom and practise in designing molecules likely to be safe, as well as of immunology and respiratory.

3. I provide the above outline of my credentials as evidence that as a senior former pharmaceutical company research executive I have the expertise and knowledge to make me a credible witness in speaking out about the grave concerns I have (concerns which are shared by others) about the alleged pandemic & countermeasures, especially the gene-based injections.

4. I have been raising these concerns now for a period of around for 3.5 years to date.

5. Overall it is my expert opinion that the injections purporting to be vaccines against an alleged virus (I say alleged, as no evidence has ever been provided of an isolated SARS-CoV-2 virus) are intentionally harmful, and as such must immediately be withdrawn from the market.

6. Below I will provide a short summary, which I have sought to make substantially non-technical, in explanation for why I have formed my opinion that that the injections as intentionally harmful and that as such they should be immediately withdrawn from the market.

7. However, before presenting my summary I will first make the following point, which I can substantiate.

8. In my view, the backdrop to this alleged “pandemic” is not a matter of medical and scientific issues, but a global crime scene of unprecedented scale and nature.

9. **Claim 1:** Choosing to invent, develop and manufacture a new vaccine is unquestionably the wrong response to a pandemic, even had the narrative presented to us not been false.

10. Given I have had an over 30-year career in “big pharma” and biotech, I knew that it was impossible to create a vaccine in under 5-6 years if they were going to demonstrate clinical safety and hone manufacturing to yield the customarily high-quality manufacturing necessary to produce tightly defined final drug product.

11. If this was not done, the product would be highly variable, and this is inherently dangerous. This is what has happened and the resulting variability of the product has completely invalidated any data obtained during toxicology and clinical development. In brief, the effect of overly expeditious development is that the product injected into literally billions of innocent men, women and children is not the same product as was used in the clinical trials.

12. No honest expert would even contemplate running a research program to bring forward a vaccine, because no pandemic in history has lasted a fraction of the minimum time necessary to create a safe and effective new vaccine. This timeline cannot be much shortened because a number of activities are performed in a stepwise manner, each step depending on the outcome of the preceding step.

13. In addition, we must consider the clinical context. We have been told of a public health emergency of international concern, where anyone could catch the virus and the elderly and already sick were particularly at risk of death. I believe this to be a deliberate deception, but even if we accept it, its vital to understand two things.

14. One, injected vaccines cannot and do not protect humans against acute respiratory illnesses believed to be due to respiratory viruses landing in the airways. This is because the immune response is primarily to stimulate the production of antibodies which circulate in the blood.

Antibodies are very large molecules and they are not able to leave the circulation and appear on the air side of the respiratory tract. In short, the product of the immune response to the vaccine and the virus itself do not meet, as they are in different bodily “compartments.”

15. Two, the very people we were told are particularly at risk, the elderly and sick, are in part, in this vulnerable state because their senescent immune systems respond poorly to new infectious disease threats. Why would anyone expect a good response to an injected vaccine? This is said to mimic a new infectious disease threat. It is important to note something very little known by the public but injected “flu vaccines” do not work. They do not reduce hospitalisation or death in the elderly. Yet flu vaccines have been promoted as a vital public health measure for decades and are paid for by taxpayers. Furthermore, even flu vaccines can lead to adverse events, sometimes serious, but this is not compensated by an expectation of protection against a threat to health, namely influenza. Now you know this, you may find it rather less difficult to believe that this industry is willing to lie and deceive in order to reach its objectives.

16. I have outlined why it is impossible to produce a safe and effective vaccine in much less than 5-6years, yet we are asked to accept that this has been accomplished in less than one year. I have also described why it is that an injected vaccine could not work, even if it was safe, in the setting we are told exists. Yet they went ahead. This is malevolent, as I will show.

17. **Claim 2**: Gene-based vaccines were advanced as the exclusive solution, but was a means to misuse the reduced regulatory hurdles for conventional vaccines in order to push gene therapies onto the market.

18. Vaccines have been developed and used against an increasing range of infectious disease targets rather widely since the middle of the 20th century and some are much older. Every vaccine until the covid pandemic era has involved taking a sample of the disease-causing agent and formulating it for injection or instillation into the airway. This has the advantage that the amount of pathogen is known and fixed. In many ways, this process mimics what we are told is a similar process to when we are infected by the wild pathogen. Many vaccines have been developed and marketed and over many decades, the makers, the regulators, doctors, and the public have acquired a common understanding of what kind of product these are and how to evaluate them. This is the background that has led to the regulatory pathway for their development. In certain

regards, it has been appropriate to truncate or not even to study certain properties of "conventional vaccines" because they are uninformative and do not contribute anything to evaluation of the agent.

19. The preparations called vaccines in this alleged pandemic are in no way like these older products. Instead, these are gene-based agents, which commandeer the recipients' cells to manufacture whatever is encoded in the gene sequence. This is a crucial difference, as I will exemplify later. But it is important to understand that there are additional steps in the biological response to gene-based agents as compared to old-style vaccines. Old style vaccines do not travel far from the injection site. The materials injected are suspensions, small pieces of cells and killed or weakened infectious agents. Our bodies are well-adapted to recognise that foreign materials have arrived and have evolved to respond appropriately to this event. The gene-based injections, by contrast, can and do travel all over the body, prompted to make foreign proteins in anatomical locations where the pathogen would be unable to reach, such as the brain.

20. Gene-based treatments are often called by a slang term "gene therapies." This is an imprecise term and causes much argument, since it is often stated that they do not modify ones' genes. That is not relevant. What is relevant is that it is a gene that is at the heart of the treatment. A gene is simply a code for the manufacture of a protein. These mRNA-based agents ARE, however, classified by their manufacturers as "gene therapies" for the purpose of describing to investors the nature of the development and commercial risks being run. Rightly so, for none of these products had reached the market by 2020, though there had been a number of unsuccessful attempts.

21. I first encountered the idea of mRNA-based therapeutics in the late-1990s, when I led respiratory research for Pfizer. I could see a potential clinical utility only in life-threatening, inoperable cancers that were unresponsive to chemotherapeutics and radiotherapy. Somewhat of a niche opportunity only.

22. The reason they were perceived to have some use in this narrow but important application is vital to understand, if I am to explain clearly why I am so sure that these are wholly inappropriate to protect against an alleged respiratory virus. The original idea was that a piece of genetic code coupled to something else that would enable the preparation to travel to and be taken up by the

remote tumour. The cells making up that tumour would copy the genetic code and make whatever protein was encoded. Because that protein was foreign, and not normally made by humans, our immune systems would recognise that we had something foreign inside us and this would stimulate a lethal attack upon every cell that had taken up and followed the genetic instructions. This is a branch of what is called “immunooncology” and a number of companies have tried to develop such “gene therapies” as anti-cancer agents, so far without success. The crucial point to remember is that these preparations were expected to work by precipitating lethal immune attack on every cell that had taken it up.

23. Returning to the development pathway for these agents. Because they are new and unprecedented, the medicines regulators around the world have laid down onerous conditions for their development. Obviously, they are potentially very potent medicines and being new, great care was to be taken to avoid predicted as well as unanticipated harms. With new types of medical treatment, while some potential harms can be anticipated and characterised properly, other harms may arise which were not expected. This is why the development pathway for new types of powerful medical interventions are given especially tough review.

24. I now make an important point. In 2020, we are told that at least four biopharmaceutical companies decided to develop gene-based vaccines. As I explained earlier, conventional vaccines are given a somewhat easier time of it in relation to developmental obligations. Despite classifying to the financial markets their own products as “gene therapies” & subject to lengthy and expensive development obligations, they persuaded the medical regulators (and deceived the public) to classify them as “vaccines”. This was improper and was accompanied by bodies such as WHO and even dictionary makers to change the definition of the word vaccine to facilitate this deception.

25. Deception matters not because of mere naming conventions, but because the manufacturers knew that vaccines are much lighter in terms of development obligations. Even given this improper advantage, the makers of the gene-based vaccines failed to meet all, of even the relatively light development obligations. The end result has been billions of people being injected with mis-classified and inadequately tested gene-therapies. The adverse effect profiles and

deaths as a consequence are extraordinary yet are being ignored by multiple bodies tasked with vigilance in patient safety. None of this can be constructed as accidental or inadvertent.

26. **Claim 3:** The design choices made in constructing the gene-based agents purporting to be vaccines are evidence of intentional harms.

27. Medicinal preparations contain molecules that were chosen by its designers. Nothing is in them that was not thoughtfully included. My career has been wholly within the sphere of endeavour called “rational drug discovery” or “rational drug design”. My main responsibility was to select biological targets for intervention with a chemical or a biological molecule, the latter usually being designed by more than one person. I was part of the design teams for decades. Our objective was to reach and interact with the molecular target, hoping to bring about desirable effects in patients, and to do so without inducing unacceptable unwanted effects, taking into account the seriousness of the illness at issue.

28. My contention is that, by close examination of the products of such design teams, I can, at least in part, deduce the intentions of the designers. It gives me no pleasure to lay out below several features of the design of the mRNA “vaccines” from Pfizer / BioNTech and from Moderna, ALL of which predictably give rise to toxicity. The features of interest are common to both products. There is no reasonable conclusion to this analysis other than that the designers intentionally created products which would be expected to cause harms including death and sterility.

29. Designed-in toxicity 1: axiomatic induction of “autoimmune” responses, regardless of what the genetic sequence codes for. As described earlier about how immunooncology was considered the leading application, when our bodies manufacture a foreign or non-self-protein, our immune system recognises this as a threat and mounts a lethal attack on every cell performing the genetic instruction. In short, wherever in the body these materials travel after injection into the upper arm, the immune system will destroy those cells and tissues. I believe it is very likely that the reported extensive range of adverse effects is due to this common process, autoimmune destruction, occurring in all kinds of tissues around the body. This is expected. Anyone with a basic knowledge of immunology knows this.

30. Designed-in toxicity 2: The next was choice of the gene chosen. I believe selecting the spike protein of the alleged coronavirus is irrational, because it was highly likely to be directly toxic. These surface proteins are known from comparison to related pathogens to be toxic to blood, initiating blood clots and damaging the function of nerve cells. Not only is it very dangerous to force human bodies to manufacture a pro-coagulant protein, it was unnecessary. There are several alternative genes that a safety-orientated designer would choose from.

31. In addition to the toxicity of spike protein, spike is, we are informed, subject to the most rapid mutation (so a vaccine might lose efficacy quickly) and also it is the least different from human proteins (and so might trigger bystander attacks on even somewhat similar self-proteins).

32. Yet all four leading players chose spike protein as their genetic coded antigen. What a coincidence! If I had been in one of the roles leading these efforts, I would ’have called up my peers in the other companies to ensure we did not do that. That is because from a strategic standpoint, it would be highly undesirable to have common risks to all programs.

33. Designed-in toxicity 3: On formulation, the teams developing mRNA-based products both selected lipid nanoparticles (LNPs) to encapsulate their genetic message. Yet there was industry knowledge that these not only travel all over the body including into the brain but that they accumulate in the ovaries. Yet, knowing this, the companies and regulators went ahead and then others compounded the toxicity risk by recommending these injections in pregnant women and children.

34. This is not an exhaustive list and I am aware of further toxicity liabilities. I felt three was an adequate number to exemplify my concerns. Remember, please, that these agents are not expected to yield benefits as explained earlier and have been developed at a pace completely inconsistent with normal practise, absolutely required to result in a consistent product.

35. I am very confident of this conclusion. I have said so in more than 100 video interviews which have been viewed millions of times, despite the obvious efforts of censors. If these claims were completely wrong, I expected to have been corrected years ago and at least injuncted not to repeat the claims.

36. I know all the companies are aware of my views, because I sadly know three of the four individuals responsible for R&D on vaccines and I have written to them laying out my concerns. Not one replied, though one resigned a few months later without giving a reason, which is extraordinarily uncommon, because it results in forfeiture of very substantial deferred compensation.

37. **Claim 4:** The evolution of the target population, from initially only the elderly, eventually to everyone is confirmatory evidence of intentional harm.

38. This is simple to explain, but it is worth laying out. Recall at first, we were told that those most at risk from this alleged virus were the elderly who were already sick. Consistent with this, the first cohorts of the public invited to receive these injections were the over 60s.

39. Over a period of months, the threshold age for receiving the injections fell and continued to fall until healthy youngsters were being pressurised to get injected even though they had essentially no risk of death from the alleged virus.

40. Along the way, and outside of medical practise of 60 years standing, pregnant women were encouraged to get injected, too. There is no evidence that they were at risk. Even if they had been, it has been policy NEVER to expose pregnant women to novel medical treatments, because of the risks to the developing baby. The watershed event was thalidomide and this awful event set a firm, never breached red line not to allow risky interventions in pregnancy. Until 2021, when this red line was driven right over without comment. The manufacturers had not then even completed regulatory reproductive toxicology. They had absolutely no information, yet women were told it was safe, when in fact it was not.

41. Finally, children were called to be injected, even though the authorities had previously told us that children were at no risks from the alleged virus.

42. In conclusion there are several, completely obvious safety issues built into these products. This is intentional.

43. I was still slow to piece together all this evidence of carefully thought-out harms. But eventually I got there are and have been speaking in what many regard as extreme terms ever since.