



## NATIONAL CITIZENS INQUIRY

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### EVIDENCE

(Translated from the French)

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**Witness 5: Dr. Christian Perronne**

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[00:00:00]

**Louis Olivier Fontaine**

Hello again everyone, I'm going to re-introduce myself for those who weren't here for the previous presentation. My name is Louis Olivier Fontaine. I'm a lawyer and today I'm here as a prosecutor for the National Citizens Inquiry, taking place here in Quebec City.

Hello, Professor Perronne, can you hear us clearly?

**Dr. Christian Perronne**

Hello, I can hear you very well, thank you.

**Louis Olivier Fontaine**

So to begin, Professor Perronne, I'm going to ask you to formally identify yourself by asking you to state your first and last name please.

**Dr. Christian Perronne**

Christian Perronne.

**Louis Olivier Fontaine**

Very good, and on another formality, we're going to ask you to—

**Dr. Christian Perronne**

I had been a professor of infectious and tropical diseases since 1994 and I was head of the infectious and tropical diseases department at the Raymond-Poincaré Hospital in Garches, in the suburbs of Paris. It is a university hospital which is associated with the large group Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals].

**Louis Olivier Fontaine**

Pardon me, Professor Perronne. Forgive me, you beat me to it. I was just asking you to state your first and last name, and now the next formality is to be sworn in. I'm going to ask you to solemnly declare that you're going to speak the truth, the whole truth, and nothing but the truth. Just say "I affirm it" please.

**Dr. Christian Perronne**

Yes, I will tell the whole truth, and nothing but the truth, I swear.

**Louis Olivier Fontaine**

Very well, thank you, Professor. So excuse me for interrupting you, it's just the order of formalities required.

So I was going to introduce you briefly and you can correct me. There are so many elements in your CV I apologize beforehand if I forget some. You are a university professor, a hospital practitioner specializing in infectious and tropical diseases. You are also a medical doctor. You hold a doctorate in human biology. You're also an author since the crisis, or maybe even before, with a book on Lyme disease. In 2020, you wrote a book published by Albin Michel which is titled, *Y a-t-il une erreur qu'ils n'ont pas commise* [Is There an Error They Did Not Commit?]. You also published in 2021, under the same publisher, a book titled: *Décidément, ils n'ont toujours rien compris* [Definitely, They still Haven't Understood Anything]. And finally, in 2022, you published a book called *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]. So has my presentation about you been correct so far?

**Dr. Christian Perronne**

Yes, that is correct.

**Louis Olivier Fontaine**

Very good. And are there any other qualifications you think are important to mention in this introduction?

**Dr. Christian Perronne**

Just to say, for 26 years, I was department head of a university hospital. For 15 years I also worked part-time acting as president for the highest French authorities in public health and in vaccination, advising the Ministry of Health on health crises, epidemics, and vaccination. I was president of the official committee for vaccination policy in France for several years. And for nine years at the WHO on the international level, I was a member of the group of experts called ETAGE [European Technical Advisory Group of Experts on Immunization], which is the vaccine expert group for the WHO European region, a region that is much larger than the European Union. For six years, I was vice-president of this committee of experts. So I have national and international experience in crisis management and vaccination. I think it's important to remember this when we see what happened with this crisis.

**Louis Olivier Fontaine**

All right. So there was Professor Perronne from before the crisis who was, if I understood correctly, invited on French television platforms and probably also those in other countries; and then, the [COVID] crisis arrived.

The first subject I would like to discuss with you would be, in general, the subject of censorship.

[00:05:00]

I would like you to explain to the Commission all the different maneuvers that were carried out, in a way, to exclude your voice, to censor you in the media. Could you please elaborate on this subject?

**Dr. Christian Perronne**

The epidemic arrived in France in March 2020, and from the start, I was invited to all television platforms. Sometimes it was a bit tiring because I was invited several times a week on all the main TV channels because the journalists had known me for a very long time. When I worked in these official bodies, they always invited me whenever there was an epidemic, an infectious disease problem, or a public health issue. They were, therefore, familiar with me, invited me, and liked me.

And I was able to express myself. And from the start, as early as March 2020, I expressed my surprise and had diverging opinions from the government's recommendations. Well, at the beginning, it didn't bother the journalists too much. They kept inviting me for several months, but it ended up irritating—I would say—those in high places. In the fall of 2020, what was called in France the CSA, Conseil supérieur de l'audiovisuel [Higher Audiovisual Council]—responsible for controlling audiovisual communications and which has since changed its name to Arcom—made a statement to all the media providers that I was not to be invited to comment anymore because my opinions were a deviation. Alternately, I would be put in front of a lot of opponents to engage in a contradictory debate, supposedly for the purpose of freedom of expression.

But what shocked me was that people who had opinions not based on scientific evidence, who completely followed government policy, had the right to be invited without opponents, and I no longer had that right. While I had been constantly present in the media for several months, overnight I was no longer invited, save for a few exceptions. This was my personal experience. It surprised me; but at the same time, I was not too surprised, seeing all that was happening.

**Louis Olivier Fontaine**

Okay, thank you. Were other steps taken against you—for example, in connection with your status as a professional or as a doctor?

**Dr. Christian Perronne**

Yes. So in the fall of 2020, a few months after I took my public position, the director of the Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals] group asked that I be summoned by the Order of Physicians to be struck off as a physician. He called me in December 2020, a bit at the last minute. His secretary called me the day before: “You must be in the managing director's office tomorrow morning.” He handed me a letter to the effect that he was dismissing me from my duties as department head, which I had held for

26 years. Everyone had been very happy with my leadership; there had never been any problems. And in the letter, what really shocked me was that it stated that I was unworthy of my position because I had made, shall we say, deviant comments in the media.

I also found it very difficult to accept that there was a young doctor at the time who had, in the summer of 2020, started a national petition for me to be called before the Council of the College of Physicians to be struck off. He was an intern at the time, and he had dared to tell the authorities that I was responsible for death threats against him, even though I didn't even know this person when the events took place. And I was able to prove—fortunately, because I was attacked on this—that though he had received death threats, it was several months before I knew him.

Fortunately, I had proof and was able to defend myself on this because all of a sudden, I found myself attacked. The director of the largest hospital group in the Paris region said, “You are unworthy of your duties since you are responsible for death threats.” And even the president of the Conference of Deans of Île-de-France, that is the Paris region, wrote the same thing to me: “You are unworthy of supervising students because you are responsible for making death threats.” Fortunately, I was able to prove that it was false. Even the Council of the Order of Physicians—because I was summoned to the disciplinary chamber long afterwards—recognized that it was false. This young doctor received a warning. He could have received a harsher sentence, but he publicly apologized in court, so he benefited from mitigating circumstances.

But in fact, this removal from my title of department head was purely symbolic since I voluntarily chose to step down from the position three months later because I already intended to retire later that year. I retired in March 2022. I was 67 years old; I'm 68 today.

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I told my successor: “I leave you the department head,” because opening an application file for a new department head is a huge file. Doing a service project for several years, I said: “Well, now I'm about to voluntarily step down. It was independent of any attack against me. I don't see the point of doing the file, I prefer that it be you.” And besides, I got along very well with him.

So the directors of the Public Assistance knew perfectly well that I was leaving the department head position voluntarily. But since they had no power to remove me or act against me in any way, they performed what I would call a publicity stunt in the media by announcing, “We removed Professor Perronne from his leadership position.” It didn't change anything for me. Besides, I continued to practice. I'm still a doctor, I'm still recognized by the Council of the Order of Physicians because I won my case against them afterwards. So that was an attack I suffered that I didn't find very nice, and I found a little shabby on their part because they had no really serious argument against me.

### **Louis Olivier Fontaine**

I understand. So the process you talked about at the level of the College of Physicians is now over. No, sorry, there is another.

### **Dr. Christian Perronne**

There was a so-called fraternal meeting, and the official procedure was the disciplinary chamber of the Regional Order of Île-de-France, in the Paris region. It was in September 2022. The verdict came down in October and they said in their verdict—it's written down,

it's public, you can find it on the Internet—that in the end I was one of the rare people in France to be able to understand what was at stake in the crisis and that, given my national and international CV, not only did I have the right to express a dissenting opinion from the authorities, but I even had the obligation to do so, which was very strong. They completely cleared me of all attacks.

**Louis Olivier Fontaine**

All right. Has an appeal been lodged against this decision?

**Dr. Christian Perronne**

Yes. An appeal was launched for the process, but an appeal to the Council of the Order can last a year, two years, three years. I'm not very worried because anyway, they have no argument against me. What bothers them a lot is that everything I said has been proven. I have written three books, as you said. When the first book came out, a lot of people were screaming in the media saying, "Perronne is going to be immediately sued for libel; he libels everyone." I defamed nobody, you can read the book. In addition, there are dozens of pages of scientific and media references for everything I say. There was proof for everything I said. Meanwhile I know they hired law firms against me to try to find a flaw and they found nothing. I have never been sued for libel regarding my books. Everything I said was proven, so I'm very confident.

**Louis Olivier Fontaine**

All right. So if I understood correctly, again, no legal action following the publication of your three books. Is that right?

**Dr. Christian Perronne**

Yes. There is a colleague who sued me for defamation, but I never defamed her, I never quoted her. This will be a long process, but I'm not worried because I never cited this person who felt offended. I was saying things scientifically contrary to what she was saying, so she felt defamed. But all the lawyers or jurists I've consulted say, "There won't be any consequences since you never defamed this person." You see, there have been a lot of attacks like that, but it doesn't bother me because everything I said was sourced, based on my experience, based on scientific evidence, and based on the official figures for this epidemic.

**Louis Olivier Fontaine**

So still talking about your first book called *Y a-t-il une erreur qu'ils n'ont pas commise?* [Is There an Error They Did Not Commit?] could you elaborate a bit on that? What are the mistakes that have been made by the authorities, whether French or international?

**Dr. Christian Perronne**

I already have experienced a long fight for the recognition of chronic Lyme disease because it is recognized now—even the House of Representatives of the United States voted on this—that it is a bacterium that was modified for military purposes; therefore, it is a disease that ought not to exist. But I had been fighting for the recognition of this disease for 20 years in France. I didn't dare talk about it too much, but now that there is the evidence, as well as the vote of the United States House of Representatives, I can totally talk about it.

So even if I was in the institution, I was very well regarded by the Ministry: I was president of all the commissions, I advised many ministers, I had already opposed them a little on the Lyme disease. Well, I'm not going to go into details—it's not today's subject—but I had already seen how we could manipulate public health data, et cetera, with regards to a disease.

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And when the epidemic arrived in France in March 2020, from the very beginning, I saw that all the directions given were contrary to common sense. What shocked me was that the Minister of Health at the time, Agnès Buzyn, even before the virus arrived in France—You know that in France, chloroquine/hydroxychloroquine had been available over-the-counter in pharmacies for decades. There were never any problems. No one had complained about a nasty side effect. It was over-the-counter. And, all of a sudden, before the epidemic arrived in France, as an emergency measure, it was registered on the list of poisonous substances. You realize, a substance that was over-the-counter, that we bought like chewing gum in the pharmacy, became a poisonous substance. So I said, “Well, that's bizarre.”

And then, from the start in France, there were no masks. In the hospital, when I was a young assistant a long time ago, at the beginning of AIDS, there were epidemics of so-called nosocomial tuberculosis—that is to say tuberculosis which was transmitted in hospitals among the immunocompromised, including people who had AIDS at the time. It was before the tritherapies. And I had fought for the isolation of tuberculosis patients in their rooms, for a mask to be worn when entering the room, for the patient to wear a mask. The mask is very useful when you are in the same room as a patient who has respiratory symptoms, who coughs, who spits. I have always defended masking.

And when I saw that the masking was useful in the hospital or at home to protect the family, there were no masks in France in March. It was strange because they closed the last factory making masks in France just before the pandemic. So now all the masks were made in China. They had burned the last remaining masks saying, “They are expired.” They told general practitioners: “You have the right to have free masks at the pharmacy, you are entitled to one box per week,” but then they also said to change the mask every four hours. So anyway, it was not possible to do this. Besides, there were zero masks in pharmacies.

And we saw the President of the Republic, the Prime Minister, the Minister of Health, the spokesperson for the Élysée: “Now the masks are useless, stop getting upset. There's no evidence that they do anything.” Even the Director General of Health said so. So for months they repeated this continuously on TV every night, and the day the masks finally arrived from China, several months later in June, then masks immediately became mandatory, including when in outdoor spaces, which makes no sense. The mask is useful in a closed space, when you are in direct contact with a sick person who has symptoms, who coughs, who spits, but it makes no sense in the street, on a beach—and with very heavy fines. I said, “This is not medicine, this is not public health.”

And when there were lockdowns, we had never had a lockdown before. If I had been entrusted with the management of the epidemic, it would have been settled in three months. In an epidemic with respiratory transmission, we isolate the sick—diagnosed or presumed—preferably at home if they are in a state of health which is not too bad, and possibly in hospital if they are more severe. And we must focus on basic medicine, general practitioners, who are hyper-organized.

For me, around a good hospital, all the general practitioners were ready, had organized themselves in their offices, but they were suddenly told, “No, no, you are not competent.” Everywhere on television, people in France were told: “Don’t call your doctor. You take paracetamol, and if you ever have trouble breathing, you call the emergency number to get to the hospital.” And once there, the hospital had orders not to treat patients.

And watching this, I said, “But how can we manage an epidemic like this?” Especially since we knew from the start of the epidemic in France that hydroxychloroquine worked well. There was even a randomized study evaluating hydroxychloroquine versus placebo conducted on patients in China who had pneumonia due to COVID; it had shown that hydroxychloroquine worked very well. Afterwards, there were Raoult’s studies and then, we demonized hydroxychloroquine in France.

And then this fraudulent *Lancet* article that everyone knows came out, where there were 95,000 patients springing out of a hat—like that—in a few weeks. I thought I was hallucinating when I read it. There were no names given of doctors who had participated, no names of hospitals. Even the Australian government was surprised that there were more sick patients in the study than there were in Australia at the time. When you know that there is a very small proportion of patients in a country who agree to enter a study, you can see that it is preposterous. Well, in France, the Minister of Health relied on this fraudulent study to ban hydroxychloroquine for doctors in town. And when, a fortnight later, *The Lancet* recognized that the article was fraudulent, it was not retracted.

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All that shocked me deeply, and afterwards, what shocked me a lot more was the summer. So the first wave had passed, which was the only serious wave. Afterwards, there was a second, less serious wave; then afterwards, it was wavelets without consequences. And in addition, there were deaths, unfortunately; but most of the deaths were people over 80, 85, who had major risk factors. We could treat them and if they died, unfortunately for a lot of them, it’s because we banned treatments.

So the epidemic had mostly passed by the summer of 2020. But to scare people, we created the second, third, up to the twelfth wave with PCR tests. PCR is gene amplification. We amplify small bits of RNA from the virus, but normally PCR should never be used in the general population to screen healthy people. Kary Mullis, the brilliant American from California who won the Nobel Prize for the invention of PCR, had always said so. Sadly, he died just before COVID, otherwise I think he would have been screaming in the media. He had said, “Never use my test for mass screening of healthy people. There are always false positives.”

And in addition to this, they intentionally used a number of cycles of amplification that was much too high. Eventually, a lot of people who were in perfect health had a positive test; and that made it possible to artificially create epidemic waves, which were waves of positive tests in people who were healthy. So there you go: it all piled up. We’ll talk about the vaccine later, but already, all of this made me understand that all the decisions were contrary to common sense and the normal management of an epidemic.

### **Louis Olivier Fontaine**

Yes, I understand. Well, you say: is there an error that they did not commit? I would like to ask you, is there anything they did correctly?

**Dr. Christian Perronne**

I honestly cannot find anything because—whether it was the isolation of the sick, the tests, the masks, the PCR, the treatment, and later, the vaccines—everything was done backwards from what should have been done. That saddened me a lot. Especially because I knew personally, and I was friends with, many of these players. And what bothered me a lot about this story is that we didn't have the opportunity to have an honest public scientific debate. For example, Professor Jean-François Delfraissy, who was the President of the Scientific Council at the Élysée Palace until last summer—well, they ousted him a little bit because he was starting to rebel. He admitted publicly on leaving his post that, in the end, everything they had done had produced no good results: that they had bet on a vaccine that did not work; that they should never have forced the population into lockdowns which had not been effective; and that they should have listened to the population.

When he said that as he left, I said, “Oh dear, he's opening his eyes.” I think he said that maybe a bit to protect himself. But Monsieur Jean-François Delfraissy, whom I knew as an intern in 1978—so a very long time ago—I called him several times because I knew him well, we had worked together in other areas. I said to him: “Listen, Jean-François, we don't agree, but accept an open scientific debate in the media.” He always refused. The same with journalists who have attacked me, experts who have attacked me. I say: “But I would be delighted to have an open debate of all the scientific data.” They have always refused.

Personally, I was attacked by the media saying, “Perronne is talking rubbish, he's a conspiracy theorist.” It's a catch-all word when they have no argument. They have always refused adversarial debate, but in their articles, there was never any scientific data. Well, I was very shocked by that. I agree that not everyone accepts what I say. I am ready to hear contradictory data, but at the very least, science is also the confrontation of ideas and that was refused.

**Louis Olivier Fontaine**

I would like us to come back a bit to your experience within the WHO. So I would like you to briefly describe: What was your role at the WHO?

**Dr. Christian Perronne**

So I was a member of the WHO Euro Region Expert Group. The WHO Euro Region is much larger than the European Union.

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It actually includes all of Eurasia, all of Russia up to Vladivostok, all the Russian-speaking republics of Central Asia, Eastern Europe, Northern Europe which is not in the European Union, Turkey, Israel. So it's a very big Europe. I was a member of that group for nine years. I was vice-president for six years. It was a big responsibility. Sometimes I hosted meetings and there were a thousand people in the room with people from all countries. It was an advisory group for vaccination policy in this large region of WHO Europe. As such, I was able to see a little bit of what was happening in the WHO as it was ongoing.

**Louis Olivier Fontaine**

Yes, well, precisely, I would like to know: What were your findings? What is your opinion of the World Health Organization today?



## **Dr. Christian Perronne**

The first thing I saw was that, in the WHO, there were excellent top-level doctors and scientists from all countries. I very much enjoyed working with them: really remarkable, motivated people, who probably earned very little, but were very good civil servants. Afterwards, what bothered me— it was the people at the WHO themselves who told me— that the WHO was sometimes on the verge of bankruptcy because the member states did not always pay their dues, and then there may not be enough money to run this huge building with its many officials and a lot of activities carried out in the four corners of the world. So they happily accepted funding from the pharmaceutical industry.

As such, the pharmaceutical industry is a very big funder of the WHO. And the icing on the cake is the GAVI foundation, which is the vaccines foundation created by Bill and Melinda Gates, which is the biggest funder of the WHO. That is to say that Bill Gates now has a major influence on WHO policy and that is not normal. So it's true that when I started at the WHO at the beginning, there were two or three GAVI representatives in the meetings. By the end, there were 10 or 15. I saw the increase in their presence.

What also shocked me: I am not talking about the group for Europe, which often met in Copenhagen, where the pharmaceutical industry was not present, but when I went to the global plenary meetings in Geneva; there, representatives of all the global pharmaceutical industry were present at all meetings. They were in the hallways; they were lobbying all over the place to all the members. And I was shocked because they heard everything that was said and then they influenced the decisions. And all that was profoundly wrong to me.

I didn't think we were going to get to this particular crisis, but as I was well regarded by the elite, I had been invited twice by Bill Gates' foundation to their international economic forum. I found out, because I attended their program for days, how they financed vaccines. And I realized that, ultimately, Bill Gates never spent a penny: he always collected. That's why he always gets richer, but he makes the states pay. It's a very well-oiled machine.

When someone at the WHO warned me about this a long time ago in Geneva, I didn't really believe it. One day, when Laurent Fabius was Minister of Foreign Affairs in Paris, I had been invited because I was part of the elite, if you will, at the Ministry. There were the Republican Guards, sabers drawn, the red carpet, gilded salons. I was next to the director of the Institut Pasteur; there were a lot of very important people. And in front of me, Laurent Fabius, minister, presented Bill Gates with a huge check on behalf of France. And at the same time, the Africans were saying: "Bah, you French are abandoning us, you are no longer funding vaccines, you are no longer helping us. Fortunately, Mr. Gates is there to help us." But who was paying Mr. Gates? It's France. And besides, recently, Emmanuel Macron announced again that he is giving absolutely exorbitant sums to Bill Gates. I found it odd how it works.

Again, the WHO is a fantastic institution, but I think it has been infiltrated. And what scares me today is the new draft international treaty on pandemics, where the WHO would be in authority above the states. When we see how they changed the definitions—before, a pandemic, there had to be deaths—now they have changed the definition: an epidemic that spreads somewhat across the world, even if there are no deaths, could be a pandemic. And the WHO will have the right to impose on all states the worst measures of lockdowns, compulsory vaccination, and all that.

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And the states will no longer even have a say. It is very dangerous when I see this divergence being taken by the WHO, which was a fine institution created by the United Nations, and which is currently, in my opinion, a little adrift.

### **Louis Olivier Fontaine**

Okay. Now, Professor Perronne, I would like to address another subject which we had briefly discussed during the preparation, a subject which you told me was one of the most important subjects at present. It is the topic of side effects and deaths from COVID injections. Could you talk to us about that?

### **Dr. Christian Perronne**

Absolutely. So by the end of 2021, I published a letter which was distributed in France, which had been translated into English, and which had gone somewhat around the world. I said: "Caution! These experimental products are still in the experimental phase."

I remind you that a vaccine normally takes ten years to develop. To inject it into a pregnant woman, it takes 20 years. All that was eliminated, I would say. In a few months, they gave us a product and said, "It's safe, it's effective." There was no data. In addition, we now know that the studies published by the manufacturers were rigged. There is even a very shocked American scientist who had written an article in the *British Medical Journal* in 2021. So here we are; we were sold a product. They even skipped the animal phase of development because 80 per cent of the rodents were dead. There were also skeletal abnormalities in the baby rodents. They said: "The rodent is not a good model, so we go directly to humans."

In addition, the fact that we have imposed an obligation of an experimental product in France on professions such as caregivers, firefighters, soldiers, police officers, is contrary to all national laws, to all international treaties, the Oviedo Convention, the Nuremberg Code. So it's like a crime against humanity. It's the law, it's not me inventing anything.

At the beginning, I said, "Careful, these are not vaccines; RNA can transcribe itself backward into the DNA." I know, I took courses at the Institut Pasteur when I was younger. We had lessons on retroviruses. And we know that our human chromosome is partly made up—I don't know the exact figure, but it's around 20 per cent—of DNA that comes from animal retroviruses that have integrated in the human genome millennia or centuries ago. So we have in our genetic heritage something which codes for an enzyme that goes backwards from RNA to DNA. Well, this is recognized by the greatest scientists. Right away I said, "Be careful, you are playing the sorcerer's apprentice. You inject so-called messenger RNA to make this state-of-the-art protein called the 'spike' protein; but beware, nothing says that the RNA will not go into the DNA." So I was insulted everywhere, but some time went by and then there was *PNAS, Proceedings of the National Academy of Sciences*, and then other articles after that, which proved that I had spoken the truth. Indeed, from time to time, the RNA can go into the DNA; therefore, it is very worrying.

At the time, I didn't yet know the side effects we were going to see. I was a little worried, but now all the countries that have vaccinated massively all have excess mortality, including in young populations between 20 and 50 years old. Because, ultimately, when we look at COVID itself—in any case, when we read Pierre Chaillot's book; I know that you have interviewed him—we see that there has been practically no increase in mortality, except in the very old at high risk. But now, since the vaccination, depending on the country, the increase in mortality can go from 20 to 40 per cent. And this is recognized, even officially.

The first country to recognize this was Portugal last summer, and after that, the United States, Great Britain. Even *Le Parisien*, which is a French daily that has been quite supportive of government policy, wrote an article last December saying, “In France, 20 per cent increase in mortality among the youngest.” But each time, the argument is: “We don’t know the cause.” So it’s strange that we don’t know the cause. They say: “It’s global warming, it’s the stress of the war in Ukraine,” it’s any kind of nonsense.

Above all, if we compare the countries that have not vaccinated or vaccinated for a certain period and not others, we see that each time we have carried out major vaccination campaigns, there is a “boom” in the epidemic; there is a “boom” in the mortality. Fortunately, some government authorities stopped the vaccines and the numbers came down again. We saw it in Vietnam, we saw it in India. So now there is proof of these major side effects. And even if we look at all the North American and European databases, we see— If we stay with side effects without talking about deaths, in less than two years, we see a gigantic peak in side effects unlike any of the surrounding noise we have had with all the other vaccines over the last 20 years.

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So we can’t say it’s a coincidence.

And when we now see the death data, it’s terrible. And above all, it is now confirmed in France and in many countries that nine months after the massive launch of vaccination campaigns, we began to see a drop in the birth rate. The other day, I was at the European Parliament in Brussels for the International COVID Summit. There were international scientific experts who made presentations. There was a lot of data that was published in the referenced medical journals. It wasn’t just convention waffling. It was solid data that shows the impact of this state-of-the-art protein on the ovaries, on the testicles, on male and female fertility. And what is happening is tragic.

And I’m not talking about the cancers that are flaring up. Now doctors are talking about “turbo cancers.” We see people who were cured of their cancer, or had a cancer that was very moderate, which flared up in a few weeks after the inoculation of these pseudo-vaccines. And that is extremely serious. Right now, it’s being suppressed, of course, by the media and all that; but I think this all will come to light anyway because you can’t hide the dead under the rug. It may take a while, but not very long.

### **Louis Olivier Fontaine**

Thank you. So the commissioners will possibly have questions to ask you; they will want to take advantage of all your expertise and your generous availability. But maybe, to conclude, it was suggested that we ask the question: How could things have been done better? So do you have any suggestions? What could have been done?

### **Dr. Christian Perronne**

Well, for me, it was very simple: if I had been entrusted with the management, it could have been finished in three months. By isolating the patients, treating them as quickly as possible. We had treatments that worked. Even if some grumpy people said: “We don’t have complete proof that it works,” I remind people that the WHO had written texts several years ago saying, “In a crisis situation, this is not the time to set up long-term scientific studies,” these famous randomized studies where you had to wait several months to know if a particular drug was effective.

No, when you have assertions that a drug can work, when you know it is not toxic— This was the case with hydroxychloroquine because even the Chinese had shown at the time of SARS that it worked. Even Anthony Fauci, who was director of the infectious diseases branch of the NIH in the United States, had written in a major international medical journal a few years ago, “If, one day, there is an epidemic of coronavirus, hydroxychloroquine is the best treatment.”

So we had assertions, yet we weren't certain, even if there was, as I was saying earlier, a study that had come from China. We could very well, and without doing randomized studies, say, “We will treat and evaluate along the way.” And if 100 patients had been followed in France, Germany, Great Britain, Canada, and other countries: after a month or two months, we would have had the answer that it was working. There was no need to look for these very complicated studies which were white elephants.

So here we are. We would have isolated quickly, brought forward the general practitioners by entrusting them with the responsibility of treating as soon as possible at home rather than overwhelming the hospitals. There was no point in developing a vaccine for an epidemic with such a low mortality. Mortality has always been zero point zero something, or zero point zero, zero something per cent. This is an extremely low mortality. So in fact, people were scared in order to impose the massive inoculation of billions of people with experimental products.

You had to treat people early. According to published studies, if you waited a week or more until people were suffocating to give them hydroxychloroquine, then it was too late. There was the example of the flu. You know, there's a drug that works very well for the flu called Tamiflu. It works very well if given within the first 48 hours, and then the effectiveness is remarkable. If you wait three or four days, it works less well. If you wait a week, it doesn't work at all. We were in the same situation here.

So there you go: I would have asked the doctors to be on the front line. I would have recommended to all pharmacies to facilitate the delivery of the medication, recommended to the manufacturers to provide these drugs to everyone—which the Indian government has done, moreover, several times.

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There are a few states in India that have strayed into vaccination. And it was easily fixed. In fact, when you look back, it was not a very dangerous epidemic. But simply, I think that all that was manipulated to create fear.

### **Louis Olivier Fontaine**

Thank you very much, Professor Perronne. So I will now give the floor to the commissioners, who may have questions for you.

### **Commissioner Massie**

Good evening to you, Professor Perronne. For us, it's still “good afternoon” here. Thank you very much for your testimony. I have a few questions for you. Given the experience you had in managing health crises, both nationally and internationally, when it happened, you were able to realize before others that there was something which was unusual. But aren't you a little surprised to see to what extent all the institutions in France, as in many industrialized countries, rushed to follow a narrative that was at odds with what was done in the past for managing pandemics? And what had been codified, if I'm not mistaken, in pandemic

preparation manuals, which were practically relegated to oblivion at the time of this pandemic? Weren't you a little surprised to see with what enthusiasm people and institutions fallen into this narrative?

**Dr. Christian Perronne**

Sure, I was surprised, but not so surprised as that, given my experience. In my book on Lyme disease, I had already spoken a little about the corruption, about the influence over the major international medical journals like *The Lancet*, the *New England Journal of Medicine*. It was not me who attacked them, it was the editors of these journals themselves who publicly said so in the media.

I think there has been major corruption of key opinion leaders, what Anglo-Saxons call KOLs: "Key Opinion Leaders." I know this because, I have had young doctors in my service for a long time, with whom I have maintained friendly relations, who have risen to the highest levels of the global pharmaceutical industry, including in the United States. They all told me that what these major opinion "leaders" declared on the official databases— In France, there is a database called *Transparence-Santé*, where they declare ten thousand Euros, one hundred thousand Euros. It was before COVID, they told me: "You know, that's the gratuity" because some people receive millions of Euros or dollars in offshore accounts.

There was even one who gave me the address in Chicago, in New York, where one of my colleagues received a lot of money; I won't mention a name, but I have known this for a very long time. So already, there are opinion leaders who go on television, who will influence everyone because the vast majority of doctors is not at all corrupt. They are under pressure, they say: "If Professor What's-his-Name, who is very famous, says that, it must be true." So there is some kind of a stranglehold.

In addition, then, there is a great global manipulation going on through private consulting firms. Much has been said in France about McKinsey, which is the main one, but there are others. And again, it's not me saying it. There was an official report from the French Senate a few months ago, which analyzed all this and which said, "It's not normal." The French government has given more than a billion Euros to these consulting firms since the start of the crisis. And I wrote it in my last book, *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]: there's a chapter dedicated to that. I had proof of it, so I was never attacked for any of my books.

There are employees of McKinsey or other consulting firms who sit in ministries, in offices, sometimes in important positions, who write with letterhead "French Republic – Ministry of Health"—so, I think that if it is true in health, it must be true in other ministries—who have email addresses, "Monsieur X or Y @sante.gouv.fr," therefore, official addresses of the ministry. They are not ministry employees; they are private employees of consulting firms. And personally, what struck me was we saw that all of this was coordinated at the global level because the same decisions were made in the same weeks in Canada, Belgium, Australia, Argentina, and everywhere.

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And indeed, it really shocked me, this kind of coordination—and in my opinion, this corruption because, obviously, it's also an epidemic of corruption. I'm not afraid to say it. So I agree with what you say.

### **Commissioner Massie**

My next question is: Given now that there are a lot of studies and a lot of revelations—in particular with the “Twitter Files” and also, there have been revelations in England, exchanges between Boris Johnson and his minister—given that these revelations are coming out more and more for the public, not in the traditional media, but at least on social networks, do you think that these kinds of revelations will end up making the public aware that they must demand changes at the level of institutions or governments?

### **Dr. Christian Perronne**

I hope so. I said it publicly, but it wasn't me who said it, it was Emmanuel Macron himself. My source is Emmanuel Macron, so I think it's reliable. He gave three envelopes to mainstream media, who were at his command. He gave them three billion Euros in a year-and-a-half, then recently, as they didn't have much money left, he again gave them a nice sum on top of that. With three billion Euros, we could build several hospitals, pay nurses for years, while he says he has no money. So you see, the pressure that there was on the media, it's unbelievable, the mainstream media. That's why many French people who watch television every day, who read the usual big newspapers, swallowed the official story without asking questions.

As such, what really worries the government and Europe today are social networks. Because, ultimately, the truth has always come out on social networks over time. And I thought I was hallucinating because in October, I had been invited to give a conference in front of the European Parliament in Strasbourg. And then in the afternoon, I was in the Parliament when finally, someone said to me: “Here, come, there is a meeting there on freedom of expression”. So there were Members of the European Parliament. I was surprised because there were two Americans who were there by videoconference. I don't know what they were doing there to monitor what was happening in Europe. And then, the theme was: “It's very dangerous right now; there's a lot of false information circulating, we urgently need to strengthen censorship in all the media.” So their argument made me laugh a lot. It was to protect our freedoms, to protect our democracies. So that made me smile.

But I see that the European Union has a bill to censor the media. A few days after this meeting in Strasbourg, Macron banned Rumble in France. Well, of course, it's a Russian-influenced channel that is starting to compete with YouTube. In France, there is a project to censor Twitter. So we see that these alternative media very much scare them. I recognize that there is a lot of false information on social networks. I've been tricked many times into believing things that were totally untrue. You need to be careful. There are still a lot of real things that come out. And unfortunately, it only comes out on these alternative networks. And it's a shame because, you know, in a democracy, the media and justice are normally the firewalls to guarantee freedom of expression, democracy and all that.

I see that the media does not work. Nor does justice work. I am vice-president of an association of activists in France. We have filed more than 60 complaints in court, administrative and criminal justice, but also the Constitutional Council, the Council of State. And all of them were dismissed out of hand, although each time we had all the evidence in the files. So I say to myself: “A society where neither the media nor justice play the game, in the end, we move away from the idea of democracy.” That frightens me for my children, my grandchildren. That's why I'm still fighting.

**Commissioner Massie**

Thank you so much. I will ask the Commissioners if they have any questions for you. Questions? It's good.

**Louis Olivier Fontaine**

So Professor Perronne, in conclusion, we thank you very much for your generosity. It's been a pleasure talking to you today, and thank you very much. Good bye.

**Dr. Christian Perronne**

Thank you very much.

[00:50:00]

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